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ON CELLULITIS OR PANNICULITIS ADIPOSA AND MYITIS OC-CURRING AS USUAL COMPLICATIONS TO GYNECOLOGI-CAL DISEASES.

BY RICH. HOGNER, M. D., BOSTON, MASS.

Cellulitis—as the word is used here—signifies inflammation of the adipose tissue; it is, if I may so describe it, a panniculitis adiposa. Therefore it is not a question of pelvic cellulitis. To avoid a misunderstanding it would be better if one of these two, so-called cellulitis, could receive another name, but on the other hand, one cannot be easily misunderstood in speaking of the one or the other, for the connecting circumstances show clearly enough which is meant. The word cellulitis in the sense of panniculitis adiposa has won its abode in medical terminology as well as the idea of pelvic cellulitis; therefore, I will retain it.

It is fully 15 years since Dr. Mauritz Salin, professor in gynecology in Stockholm, Sweden, demonstrated cellulitis, or as I should prefer to call it panniculitis adiposa, and, although he has constantly since then pre-sented it to his pupils, it is not mentioned in medical literature, to my knowledge, except by Drs. C. D. Jos-

ephson and A. Kjellberg, both of Stockholm, of whom the former described the disease in Hygeia some years ago, the latter in Eira, both journals published in Stockholm.

The symptoms of cellulitis are subjective and objective.

The subjective ones are partly sensations of pain, partly nervous symptoms resulting therefrom. The invalid complains according to locality and intensity, of ill-defined, uncomfortable feelings of numbness, creeping, stiffness, lassitude, etc., in certain parts of the body, which change to tenderness on motion; pain from pressure, aching, difficulty in lying, in sitting, feelings of "something pressing down," etc., it being impossible to bear the touch of clothing, especially in cases of abdominal cellulitis. The patient often complains of a swelling of the bowels, and in pectoral cellulitis of difficulty in breathing. In short, complaints are made of a great number of dissimilar symptoms, most resembling socalled rheumatism, to which may be added, in case of long-continued and extended cellulitis in a person disposed to it, depression, unrest, anxiety, irritability, in short, a number of neurasthenic symptoms of depression, which must be truly trying both for the patient and for those associated.

The most common objective symptoms are modified consistency of the subcutaneous adipose tissue, which on tapping with the fingers seems to be less elastic and more lumpish than formerly; moreover, it is rather in-One can feel the small fat lobules and fat cells plainer than usual (can sometimes see them distinctly indicated through the skin). They give the sensation of manipulating firmly fixed fatty lobuli on infiltered, hard adipose tissue. patient sometimes can bear some pressure before feeling pain, but again, cannot endure the slightest touch.

Sometimes the modifications are so fine that the examiner does not detect any change of consistency, while the patient, on the contrary, is very sensitive to its hurting. The size of such an infiltered adipose tissue varies from a little grain in the healthy tissue to a continuous patch as broad as two palms of the hand and the locality as well as the distribution also varies greatly.

Cellulitis can appear simultaneously in several parts of the body, widely separated from each other, when it is called "general cellulitis," or it is found only in one or two spots and is called "local cellulitis." Scarcely any subcutaneous adipose tissue exists in which I have not found some evidence of inflammation from the scalp to the soles of the feet, but it appears most frequently in the abdomen (60 to 70 per cent.), below and beside the navel, in the sides—perhaps most frequently the left side-in the lumbar region, besides in regio pubis. One finds the nodules in the back and the breast, in the arms and legs, in the scapular and gluteal regions, and here, as in the abdomen, most frequently causing a slight swelling of the affected part.

The diagnosis is generally easy and

is founded on the subcutaneous position, tenderness and manipulative discoveries. The best way for manipulation is to grasp the skin and subdermis firmly between the thumb, middle and ring fingers of both hands, lift the subcutaneous tissue up and at the same time roll it between the fingers. In case of more extended cellulitis, one grasps the skin and lifts it up with the whole hand, with the thumb, thenar and hypnothenar on one side and the inner surface of the outstretched fingers on the other side, and in this position roll or systematically press the tissue.

A differential diagnosis is hardly worth speaking of before a conscientious examiner. Only myites and edema can come into consideration. Myitis, however, lies deeper and cannot be detected by touch, while lifting the skin and subcutaneous tissue only. Edema is more pliable, more evenly distributed, not lobulated, not tender to the touch and more doughy.

It is very easy for a superficial or one-sided examiner to be mistaken as to the nature of the disease and still more so for the patient himself. For this reason one hears of gastritis, uterine displacement, appendicitis, bladder trouble, heart failure, pleurisy, etc., according to the locality of the pain, not to speak of rheumatism, influenza, hysteria, affection, laziness, and what not.

The duration of the disease becomes chronic as a rule, with a beginning frequently unmarked. The patient can have cellulitis for years without knowing it. It may become acute or is discovered by accident. The symptoms can come and go like ordinary muscular rheumatism, but once subjectively established, they remain, often obstinately, and then leave the patient no rest. If seldom begins acutely or disappears hastily. Once I have, however, seen acute developments during a course of treatment, as a result of taking cold, which disappeared in a couple of days.

Treatment.—This consists chiefly in massage, which in many cases is introduced with advantage by means of vibrations with Liedbeck's vibrator, and which massage is applied nearly the same as the palpationary manipulation; that is to say, the cutis and subcutaneous tissue are lifted and one tries, without losing hold, to roll, knead and press asunder the inflammatory products. A trace of salve blended with lanoline is applied to the skin. P. H. Ling, founder of the system of medical gymnastics and scientific massage, says "too little can be increased, but too much cannot be reduced," and this applies especially to massage for cellulitis, which can produce harmful results and have to be abandoned if it is taken up too vigorously. Some patients are in beginning so sensitive to touch that they shrink from even the thought of it, complain if the hand is laid ever so lightly on the affected part; others, on the contrary, can bear quite strong handling, and especially after the first treatment. Semetimes a full cure can be effected and the patient freed from all subjective (sometimes also objective) symptoms, and without a relapse. Again, the health returns, but only for a few months or years. Another massage treatment will then relieve the patient for a longer or shorter time. In very obstinate cases there is seldom any improvement at all. Many patients become well after a couple of weeks' treatment; others only after several months' daily massage. If the masseur is too rough in his handling, he can expect nothing but a failure. Be he too lighthanded, he will not succeed either; but he has this in his favor, that he accustoms the patient in the beginning and prepares him for as strong treatment as necessary.

Prognosis.—This depends, on the rule already given-quoad salutem completam incertum; quod solutem incompletam bonom—because even the worst form of cellulitis can generally become tolerable after a lengthy treatment or disappear al-

most entirely.

As to the appearance of this sickness, it is much more frequently met among women than men, and most often among the poor. It appears among people of all ages, from, according to Dr. Kjellberg's tables, "under 10 years of age to over 50." Moreover, it is probably spread over the whole "tobe. I have found it in Europe, from England to the heart of Russia (Moscow), also from the north of Sweden to France and Southern Germany, as well as in America.

When we consider how often women are improperly clothed, many times in "open drawers," or among the poor often in none at all, and further consider that abdominal cellulitis is the most frequent form, there can be no doubt that so-called "taking cold" is the most common cause of the disease. My case, No. 1, of a person who "took cold" during treatment and was seized with an acute form, is an illustration. other probable cause is a long-continued or oft-recurring mild form of trauma, or a short, violent form. For instance, the pressure of skirt bands or corsets, leaning against a wash tub, blows, etc.

"The only fact," says Dr. Kjellberg, "which is worth mentioning in regard to etiology is the relation of fat and of nervousness. It is usually fat persons, who are also nervous, that have cellulitis. That fat persons are most exposed to it is not strange, as it is just in fatty tissue the disease locates. The connection between nervousness and cellulitis is more difficult to explain; but one can perhaps explain it in this way: that a person with cellulitis does not feel well and the abnormal sensations which cellulitis occasions, must sooner or later cause nervousness."

As to pathògenesis a microscopic examination does not seem to have been made, but judging from the manifestations of the disease, it depends on exudations or inflammation, with the formation of connective tissue, in the region of the subcutaneous fat, especially the interlobular or intercellular one, perhaps also an analogous change in the fat cells themselves and their protoplasmic mem-

After this description of cellulitis now the question might well be asked, "Why, or of what interest is it to gynecologists?"

Some records ought to explain:

Case I. Mrs. T., 48 years old, fell down backwards 29 years ago; laid in bed 14 days afterwards; treated with massage of the back. A couple of years later was troubled with frequent "passing of urine," which also was treated with massage of the back and abdominal compresses. Recovery followed soon. She marride 20 years ago, and had only one child, now 19 years old; was obliged to lie in bed two months after confinement. Menses always regular, never absent except during pregnancy, and the time immediately fol-Has suffered from leucorlowing. rhea even since confinement, until a couple of years ago, when it, together with the menses, ceased. Says she has always been careless of her health and never saved herself. always worn "open drawers." Her health, which was good before marriage, has gradually failed, and for the last four years has been in a low state. During this time she has been troubled with gastric symptoms and rheumatoid pains, sometimes in the legs, but mostly in the abdomen, just over the left groin. She walked with difficulty and preferred to sit still. "Something has seemed to fall down once in a while," she says, indicating the uterine region. She has not been able to endure a corset, and has slight pain in the back if attempting to lie on it. She has become more nervous and irritable; evacuation scarcely once a week. She has been ashamed to seek a physician, but her condition finally forced her to it.

Status praes. 10 Feb.—Spirits depressed. Flesh good; particularly strong development of fatty tissue in the abdomen. Skin or rather panniculus adiposus is so tender for a space beginning an inch left of spina lumbalis over the whole left side of dorsum abdominale and the front of left abdomen to near the navel line, that the patient complains loudly at the least touch. On manipulating the fatty tissue here can be felt—as is partly visible to the naked eye indurated fat lobules. On the corresponding right side an indication of the same change is to be found, but the parts are not painful, when moderately pressed. The knees are rather larger, with thickened synovial membrane; uterus double natural size, hard and bent forward, without cervix erosion. No prolapse of the womb or of the vagina. The left parametrium, ovarium and surroundings somewhat infiltrated and very tender. In the right ovary or ligamentum there was a fibrous tumor as large as an orange, scarcely tender.

Treatment of this case.—Vibrations on the back, ordinary massage of the anterior abdominal region, also "cellulitis massage" and so-called gynecological massage of the uterus, the left ovarian region and left parametrium. At first the treatment was confined to the vibrator and "abdominal massage." From the third day cellulitis and "gynecological massage" could be employed, and improvement began to be so rapid that after the third week the patient could walk two miles and back, and had an evacuation nearly every day. One day during the fourth week of treatment she declared herself perfectly well, and I found it necessary to continue treatment only one week longer, when there suddenly came a hindrance to improvement. The weather, which had previously been summer like, though in the middle of winter, suddenly changed and a north wind and snow storm set in. The patient was out and was nearly blown down; she thought she would never be able to get home, and she plainly felt the wind blow up through the "open drawers." The following day the patient presented nearly the same appearance as at the beginning of the treatment. The cellulitis, which had nearly disappeared, reappeared, hard, tender and knotty, as before. Besides this the patient complained of nausea and stomach ache, and the intestines bloated with gas. After three days' treatment as before with ordinary abdominal and cellulitis massage, the patient felt well again, and the cellulitis had in a great degree disappeared. scarcely necessary to add that after this attack the patient hastened to obey the order to clothe herself in warm drawers. When discharged the uterine trouble remained almost unchanged, and still the patient felt fully recovered.

Case II. Mrs. P., 28 years of age; has three children, 8, 6 and 4 years old; says she got uterine difficulty after the last confinement; has constant pain and weakness in the back; radiating down the legs; pain in stomach and down through the groins; fluor albus; regular menses; sometimes frequent urination. During a long railroad journey a couple of years ago, she "caught cold" and Treatcould not retain her urine. ment for it and for uterine trouble (locally) was given by a celebrated gynecologist in the West, with partially good results, although the weakness of the back continued. Returning to Boston she sought a wellknown surgeon, who treated her for several weeks, by "packing the vagina" and local uterine applications, but without any apparent improvement.

Status praes.—Uterus enlarged; tender to the touch; somewhat more fixed than normal; muco-purulent secretion covering the corroded cervix opening. On the abdomen extended cellulitis and myitis, and nearly the whole erectores spinae were affected, but principally in the lumbo dorsales, also the glutei.

The treatment consisted in massage of the uterus, the cellulitis, the abdomen and the diseased mus-After three weeks the myitis had almost disappeared, flowing had ceased and the size of uterus had somewhat decreased. The abdomen had diminished, so that the patient had to "take in" her garments, but the weakness in the back was still felt if the patient strained herself over chamber work, etc. After two more weeks of treatment, the myitis was entirely gone, and after 31 treatments the patient could be called At present, a half year or more having elapsed, she remains well, and has resumed all the work of her household.

From the above cases it would appear that myitis simulates gynecolo-

gical diseases or is at times a complication.

Myites which can be symptomatically taken for uterine trouble are those forms that on account of their location in the abdomen, pelvis, or adjacent parts, cause the patient to attribute the trouble to some genital organ; or whose symptomes also correspond with those of some gynecological diseases. Inflammation, in the muscles, now under consideration, often causes pain radiating from the back down into the lumbar region, into the abdomen, or from the lumbar region down the legs. The pain radiates through certain lines or is more or less diffuse and remains obstinately, or goes and returns like "rheumatism." Sometimes they are Sometimes they are felt most on walking; sometimes after extra work, and so on; in short, on occasions where the muscles are set into relatively too hasty action, or have been too much strained. By the subjective symptoms, therefore, one can often decide on the location of the mytis, a supposition that is fully borne out by palpation, because the patient always finds out "punete dolorose," even if the physician could not detect them by the changed consistence of the muscles. Besides these local sensations of pain, one often discovers reflex pains, most frequently attributed by the patient to the uterus or its vicinity. The result is that whenever the patient has got the idea by herself or has been told by a physician of an otherwise subjectively symptomless gynecological affection, she is convinced that all her aches proceed therefrom. subjective symptoms of cellulitis, myitis and some gynecological diseases can be so similar, that frequently it is only by objective examination and sometimes only the results from treatment one can determine their origin.

The subjective symptoms of gynecological diseases which are most analogous to cellulitis and myitis are those from metritis, endo-, perior parametritis, oophoritis, and sometimes in irritable persons from cystitis

There is no doubt, when cellulitis and myitis complicate a gynecologi-

cal disease, that the categorical symptons of both diseases increase each other just as one wave can increase another, but it is just as certain that gynecological diseases can be symptomless and that all subjective inconvenience may come from complications, because when the latter are removed, the quasi-gynecological symptoms cease. This has been shown in the cases above cited. The myitis toward which, as gynecologists, we have to direct our attention to, most frequently are those forms in the lumbo-dorsal and gluteal regions; in the latter case, especially, at the origin of gluteus medius, sometimes those in the abdominal and hip muscles, as also, less frequently, in psoas muscles.

Myitis can depend, as well as cellulitis and gynecological diseases, partly on changes of temperature, but the most common are, however, overdoing and trauma.

If we were to attribute to myitis every muscular change not due to neoplasm or a similar cause, then we must refer to it contractions, whose cause is partly myopathic, partly neuropathic, and furthermore we should have to refer it to contractura ani, which often complicates a gynecological disease, yet whose treatment cannot come under the same head as the other myitis.

As to chronic inflammation in muscle psoas, it is a so very seldom noticed disorder, that hardly anyone thinks about it, and still it is important enough. It can simulate much more than is here treated of. myself, I have only once formed a diagnosis upon it, namely in a case of chronic appendicitis, in which the patient, a man, 40 years old, was operated upon successfully. After the operation mild pains remained in the cecal region, pains which I considered were due to infiltration. They were felt in the lower portion of the psoas magnus dextra, and disappeared with the infiltration, after several months' daily treatment with massage. The cause of both appendicitis and psoas myitis was in this case probably a trauma of 23 years before, when as a youth, a large stone rolled over the stomach of the patient.

In medical literature I have succeeded in finding only one author who names psoas myitis, and that is Dr. E. W. Wretlind, of Stockholm, who tells of five cases. I will take the liberty to relate briefly three of these cases, which are of interest to

the subject of to-day.

Case III. Mrs. H. H., 33 years old, has suffered in "lower part of bowels" for some years, her suffering increased noticeably by daily labor, with pains in the back, that shot up towards the heart, and occasionally caused palpitation. The patient is anemic and troubled with fatigue in arms and legs. Menses abundant and long continued; the lips of os uteri externum eroded. Palpation produced tenderness in various parts of the abdominal wall as well as in both "psoas muscles." After six weeks' treatment, chiefly with daily massage of abdominal wall and psoas muscles, the patient felt well.

Case. IV. Mrs. F. G., 51 years old, was anemic, overworked, suffered from anteflexio uteri, and fluor albo, with periodic pains in lower part of abdomen, also dysuria. During the first two years these pains were thought to be due to uterine disease. But on closer examination it was found that the pain in the lower part of abdomen felt "as if it was in the small intestines," radiating towards the back and down the inside of the thighs. During the pain the patient had "difficulty in bending forward." The psoas muscles were noticeably harder, for which reason they were treated for three weeks with massage, when the tenderness decreased. The dysuria remained.

Case V. Miss A. S., 52 years old, had acquired the habit of morphine by trying to deaden unbearable, frequently recurring, abdominal pains. This painful trouble had been brought on while taking care of a near sick relative, who required much lifting. Abdominal pains came often and sometimes without apparent cause; but usually after a bodily strain, or an evacuation of the bowels, which was particularly difficult. Sleep bad; menses irregular.

The examination discovered partly a contractum ani and partly a very marked tenderness over both musculi psoas.

Besides a "dilatation force" and a mild bath treatment, she had daily massage of the abdomen and of the musculi psoas, resulting in almost a complete recovery. The morphine habit was overcome by constantly decreasing doses under hypnotic suggestions.

The above related cases are only a few, but they show that cellulitis and myitis occur with gynecological diseases. In my practice such a complication has happened in about 50

per cent. Very often both cellulitis and myitis occur at the same time. They will be found more frequent among poor people; cellulitis alone in greater percentage among fat persons.

What has been said is sufficient to show the importance of cellulitis or panniculitis adiposa and of myitis as common complications of gynecological diseases, and as both are best treated with massage and often will not yield to any other form of therapy, they form another reason why gynecologists should not forget massage as among the valuable methods of treatment.

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

THERMOSTATICS AND THE CIR-ULATION IN SHAFT OF BONES

It has been shown that while a high degree of heat is a potent hemostatic in all operations which include the division of healthy bone, its effect ultimately may be disastrous.

It can be understood that the same objection will not apply with the same force in localized disease of bone, as in circumscribed parenchymatous ostitis with necrosis or any other infective disease, when heat may serve an antiseptic purpose, or stimulant to languid reparative processes; yet, even here, unless great caution be observed, its destructive action may come into play, and unpleasant results may follow.

The most extensive operations on bone are performed under a pulmonary anesthetic. This is necessitated because of the exquisite sensitiveness of living osseous tissues and, besides, oftentimes one must proceed with leisure.

But it should be remembered that, although an anesthetic primarily accelerates the heart's action, it weakens vascular force, thus rendering the tissues more susceptible to the action of a thermogenic agent. We only too frequently witness this demonstrated in those unfortunate cases of burns of the soles or heels, from the water-bag after operations, in which a pulmonary anesthetic has been employed. We may find to the sense of touch that the water seems of no greater heat than can be comfortably borne; but, applied over the enfeebled tissues, it is sometimes enough to work serious damage, by killing the tissues, to bone.

Hot water applied to the soft parts is not so mischievous in its effects as a hemostatic as it is to unyielding osseous structures, for the reasons that the inflamed vessels are enabled to expand and transude into the loose connective-tissues those serious elements, which are promptly resorbed by the lymphatics.

It has been a question, yet in dispute, whether bone shafts are penetrated by the lymphatics or not. It does not appear that they ever have been injected. Possibly the finer lymph vessels may penetrate the highly vascular, spongy head, or epiphyseal end of the shaft of young subjects. The calcified, eburnated cortex of the adult is certainly devoid of them.

The circulation of the blood in the osseous structures in many particulars is widely different from that in the overlying structures.

It also presents different features in various bones; as of the skull, the maxillary arches, and the sesamoid bones. In different epochs of life, the vascularity in these structures undergo the most radical changes. The example, before the stage of ossification of the epiphyses, the cancelous ends and the diaphyses are supplied from independent sources. The latter nourished mainly by vessels which enter the cortex through the thick vascular periosteum, by way of the lacunae of Howship and their own nutrient arteries. In other words, the supply is circumferential and direct, through circular and transverse currents. At this stage of life, the medullary membrane is thick and closely adherent and the bonemarrow is of a deep red color. After epiphyseal consolidation the course of the blood-current is changed.

Now, while the periostum continues to still supply the surface lamellae, the deeper bone pyramids and ledges of the diaphysis are provided by a new set of vessels, approaching longitudinally in opposite directions, passing directly across the epiphysed in parallel paths from either end. As age advances, the hardening process becomes more pronounced; the bone marrow takes on a yellowish tinge and the myeloplaxes are found loaded with oil glo-

bules. Degeneration, or senile changes have begun, and central vitality is diminished; under which circumstances, we know, in any tissue of the body the resistance to pathological changes is weakened. With this advancing condensation of bone structure in various parts of the body, the most obvious changes in structure and function are noticed. The elastic, resilient cancellous substance in various situations gradually ishes, whole systems of vessels, as the diplocic in the skull, are obliterated; in consequence of which the scalp atrophies, the root-sheaths of the hair are starved, pigmentation ceases and the hair begins to lose its color and falls out in those areas furthest separated from an accessory vascular supply. With the shrinkage of bone tissue, the canalized tortuous passages, like those which traverse the root-bed of the teeth, close in on the vessels; when decay, death and falling of the teeth occur. Nay! the gums, sharing in the atrophic changes, falling away from the crowns, may leave the teeth without support. The jaw changes its form and, toothless, once more reverts back to the outline of the infant's.

These changes, too, are not without their influence on the long, tortuous, osseous aural-canal, and hence, why deafness is so general and beyond relief in the aged.

It may be well then, not to overlook the importance of guarding, carefully, the osseous elements in amputations against irritants; for of all the tissues, though the most compact and resistant, bone is the most sensitive. A handsome stump should not be the aim of the operator, but a useful one.

Ambrose Pare conferred one of the greater blessings on mankind when he discarded the boiling oils and red-hot irons as hemostatics in amputations, and substituted therefor the ligation of the arteries; not because the latter provided greater security against hemorrhage, but for the reason that there was less ultimate local necrosis of bone and more useful stumps in consequence.

A NEW AND IMPORTANT CHOLERA MIXTURE.—THE RESULT OF BACTERIOLOGICAL STUDY APPLIED TO THERAPEUTICS.

A Pharmaceutical Product of Interest to very Progressive Physician and Surgeon.

BY EDWARD C. MANN, M. D., NEW. YORK.

A cholera mixture, based upon chemic antagonism to the cholera bacillus, or spirillum, is presented to the medical profession, for the first time, by one of the oldest New York druggists, George W. Busteed, who was the originator of the well-known "Sun Cholera Mixture," which saved thousands of lives in the great epidemic of 1849. The formula was presented to, and published by, the New York Sun. Mr. Busteed now presents to the medical profession a pharmaceutical product based on the facts of bacteriology and on the antagonism of the remedy to all the micro-organisms which, like the comma bacillus, or spirillum of cholera, invade and cause disease in the whole gastro-intestinal tract.

The gastro-intestinal troubles of infancy and childhood, evinced by cholera infantum and diarrhea, as well as those of adult age, are alike quickly and efficiently cured, and the medical profession have only to follow the lead of such men as the late Dr. Willard Parker, Dr. Cheeseman and Dr. Vachie, Health Warden of the city and Port of New York, who in 1849, after a careful examination and trial of the "Sun" Cholera Mixture, adopted it into all the uptown hospitals in New York, and give "The Improved Sun Cholera Mixture" a trial, and they will, as progressive men, be pleased with the quick results obtained clinically at the bedside of the patients. Diseases consist of a perversion of the functions of the structures of the body, and no disease strikes so quickly at vitality and life as those which interfere with digestion and assimilation. Every physician who keeps pace with modern methods has discarded the old and ineffective methods of coping with disease in favor of a treatment based on bacteriologic study of disease. We know that the causative agent of cholera is a spirillum, and the "Improved Sun Cholera Mixture," the formula of which has been given so many times that even medical students are familiar with it, cures the disease by killing the pathogenic organism. The improvement over the old cholera mixture and over any and all diarrheal cholera mixtures is the result of the bacteriological study of Koch, Hankin, Haffkine, Metchnikoff and Roux, being applied to therapeutics in my laboratory, resulting in the important discovery by myself of the fact that in the oil of Ceylon cinnamon we have the most important means of destroying the existence of balls of spirilla. In India, cholera can be combated by the disinfection of the water supply at its source by permanganate of potash; and cholera ceases at once, in the areas supplied by that source. Water can also be made germ free by boiling. Some natural waters are comparatively germ free, as was shown by Domann in an exhaustive paper on the pathology and prevention of cholera, published some years ago in the Brooklyn Eagle, with the object of inducing the people to observe strict hygienic rules in the care of their dwellings at a time when cholera seemed likely to appear here at any time. Haffkine's magnificent work in India during the last three years has shown that previous inoculations with attenuated cultures insures a fair degree of protection against Asiatic cholera in India; a complete second inoculation seems necessary to absolutely prevent both cases of cholera and death from it in endemic areas. In India these endemic areas are known. In

America cholera is incident and an accident, and it can be suppressed at once, if infected vessels are disinfected by live steam and all suspects are held at quarantine long enough to show that there is no fear of their coming into our cities. The vessel itself should be emptied of all passengers and disinfected with live steam, after which there is no danger in her coming to her landing. The passengers in a ship that has cholera on board must, in the interests of science and preventive medicine, be detained long enough to separate the sick from the well, and see that no new cases appear, and all water supply on board a ship coming from an infected port should be boiled and known to be so treated by a special health officer, who, in time of epidemic, should be obliged to accompany the vessel as additional to the ship's surgeon, and he should exercise an authority which should be delegated to him by governmental authority in the interests of preventive medicine; and if a sulphuric acid lemonade, as set forth by Domann in his article in the "Brooklyn Eagle," be served out daily to all steerage passengers, no cholera could appear, as that has also the power of destroying every pathogenic organism in the gastro-intestinal tract. All importation of rags from Asia must stop from now on, and when a Congress can be found which has time to consider the lives and health of the citizens of the United States, and be in their places, instead of at the Departments seeking patronage or in Courts trying lawsuits, and when the American people can be represented by such a President as the son of Abraham Lincoln would make instead of being stifled by machine politicians with methods of known fraud capacity, then, perhaps, we can get a National Board of Health whose president shall be a Cabinet officer and whose functions shall be the stamping out of all preventable disease. Then food stuffs will cease to be adulterated; milk will cease to carry tuberculosis; ice will cease to breed typhoid; air will not be contaminated by deleterious gases; scarlet fever and diphtheria will not kill little children, conveyed to them by dirty school books passed down from grade to grade until they are too filthy to touch, and that in a city like Brooklyn, while the city Board of Education is under the political rule of men who are too busy in looting the treasury to have time to think of the prevention of contagious diseases.

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PROFESSIONAL SECRETS.

The medical profession throughout the world has been deeply interested in the trial of the celebrated Dr. Playfair, of England, for defamation of the character of one of his lady patients.

The case, as we read it in the secular press, reveals some delicate points of professional justice; the more so because the patient was a relative by marriage of Dr. Playfair.

In short, the case appears as follows: Mr. Arthur Kitson, brother of Mrs. Playfair, was supposed to have been in Australia for eighteen months previous to a miscarriage (as Dr. Playfair diagnosed it) which Mrs. Kitson suffered, she being in England during the time. Dr. Playfair tried to get Mrs. Kitson to explain that her husband had been in England secretly three months previously. This she would not state because she was under oath not to betray the whereabouts of her husband. Dr. Playfair told his wife, who in turn told another brother, and Mrs. Kitson's allowance from an estate was cut off. Mrs. Kitson sued Dr. Playfair, and the jury returned a verdict for \$60,000 against Dr. Playfair. Its verdict was based on the

possibility of mistaken diagnosis, and various letters between the two. But the importance of this case to the medical profession is obvious. Have we any right to betray the secrets of the sick room? Assuredly not! A physician is called to perform a piece of work (mechanically speaking). No matter whether the patient is a member of his own family or a stranger, he is the medium through which the sufferer hopes to successfully battle with disease. The question of how that disease came, so far as its moral side is concerned, does not concern him. The criminal side of the question beyond the causes of the disease is none of his affairs. He has no right to reveal immorality inferred from the condition he is called to treat, whether such condition proves conclusive as evidence of guilt. In the above case Dr. Playfair stated that he would accept no opinion of other medical men as to mistaken diagnosis, as no other could have seen the case under the conditions he did. We do not think that even this statement should, in like circumstances, warrant a physician in revealing his professional secrets even to his own wife.

JOURNAL OF THE A. M. A.

Dr. John B. Hamilton, the editor of the Journal of the American Medical Association, has demonstrated that he not only is an editorial writer who can say the right thing in the right place, but also that he is a business man in a business position, where business methods can be brought into play and produce business results.

Medical Sentinel, March, '96.

To all of which we say, Amen! And more, for Hamilton is a gentleman of high scholarly attainments and the right man in the right place, who wields a trenchant and fearless pen, when anything arises which involves the interests of the American profession. This was conspicuous in the late audacious piratical usurpation of the rights of medical practitioners in New York, in the infamous, wholesale hospital grab by the three medical colleges, and in many other similar circumstances the same sterling qualities have made their impress in the editorial pages of what he has placed at the very summit of American journalism. May it be the good fortune of our trustees to secure his continuous service until he has planted the "Journal" on an impregnable and enduring foundation.

THE SETTLERS' CONVENTION.

The convention of Northern and foreign-born settlers that is to assemble in Southern Pines, N. C., May 5, 1896, will no doubt be the most important meeting for the Southern States that has ever gathered within their borders.

The settlers are gathering together as a body to say to the outside world that the enjoyment of life and liberty is just as safe in the South as in any part of the United States; that the native Southerners are kind and hospitable to all honest, upright and law-abiding people who come in and settle among them and that the opportunities to secure homes and farms and for profitable investment of capital are superior to any section or clime.

The declaration of this convention will mean a great deal for the South, more than now appears. Those who have been considering the question of locating in the South will eagerly watch for the sayings of this meeting, and the declarations of the degates assembled will once and for all put the stamp of falsehood upon the assertion that is constantly made, that the "shot gun policy" reigns supreme in the South, and that mob and lynch law holds full sway.

The settlers have arranged for the convention and they have placed the

preliminary work in the hands of a committee of settlers and they have elected as their corresponding secretary, Mr. John T. Patrick, who was for ten years in charge of the Immigration Department of North Carolina, and who has no doubt brought more men and money to the South than any other one man.

The holding of the convention the first week in May is an opportune time. The South will show off to the best advantage. The weather will be pleasant, the foliage will be full, the flowers in bloom, and the field crops will be nicely growing. While the weather will be warm in May, it will not be oppressively hot.

In 1886, under the auspices of Northern settlers with the assistance of Mr. Patrick, there was a North Carolina settlers' convention held in Raleigh, N. C., and it proved to be the best thing North Carolina has had done for her. Several hundred people came from their Northern homes to hear what the settlers had to say, and among the Northern visitors were fifty odd representatives of prominent newspapers, and they published to the world thousands of columns of complimentary articles concerning what the settlers had to say of their adopted homes. There were several hundred settlers present at the North Carolina State Convention, and the indications are that at the Southern States Convention there will be a very large crowd present from all parts of the South, for no section can afford to miss the opportunity of being represented.

The convention as a whole will no doubt pass resolutions and each State's delegates will set forth briefly the advantages of their respective States. Each State will have a certain time assigned it for remarks from the Governors of the States, prominent officials and settlers. A number of the Governors of the States have already signified their intention of being present, and all have promised to be present or send one of the State officials to represent their State. The Governor of each State has already appointed Northern and foreign-born settlers to go to the convention, and the Boards of Trade and Chambers of Commerce and Mayors of cities and towns are also naming representatives so that their sections and places may be represented and get the benefit that is sure to come from this important gathering. Very low rates are to be given by all Northern railroads. Roads South appreciate the benefit that is to come out of this gathering, and they propose to encourage the people to attend.

All settlers who can and will attend are requested to send in their names to Mr. John T. Patrick, Pinebluff, Moore County, N. C.—South-

ern Pines Settler.

The lowest transportation rates ever given from the North to the South are offered: Boston by Merchants' & Miners' Steamship Line. Tickets on sale May 2d, at \$10.25 for transportation, Boston to Southern Pines and return, good till May 15th. Meals and state rooms \$4 each way.

Providence, by Merchants' & Miners' Steamship Line. Tickets on sale May 2d at \$10.25 for transportation. Providence to Southern Pines and return, good till May 15th. Meals and state rooms \$4 each way.

New York, by Old Dominion steamers. Tickets on sale May 2d at \$8. New York to Southern Pines and return, good till May 12th. Meals and state room \$3 each way.

Washington, by Norfolk & Washington steamers. Tickets on sale May 2d and 3d at \$6.50. Washington to Southern Pines and return, good for ten days.

Baltimore, by Bay Line. Tickets on sale May 2d and 4th at \$6. Baltimore to Southern Pines and return, good for ten days.

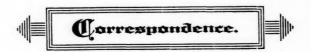
Tickets can be bought on abovenamed dates at ticket offices of the steamship lines mentioned or of Purser on board steamer.

Portsmouth, by Seaboard Air Line. Tickets on sale May 3d and 4th at \$3. Portsmouth to Southern Pines and return, good until the 14th.

Atlanta, by Seaboard Air Line. Tickets on sale May 3d and 4th at \$3. Atlanta to Southern Pines and return, good until the 14th.

From Southern Pines to points farther South, round trip tickets can be had at low rates between the 5th and 8th of May.





RHEUMATIC RINGS.

To the Editor of "The Times and Register."—Noticing in your issue of March 14 an article styled "Wayside Notes," which struck me as "peculiar," it has occurred to me that it might be well for the author and for us to indulge (quietly) in a look through the "little end" of the professional spyglass.

We will let the "vita-pathy" pass for the present, though there are thousands of well-authenticated cases of cure by this method, which had bidden defiance for months and even years to the "greatest known

skill."

Now for the "Rheumatism Ring" and the "common herd" business.

Is it to be supposed that a man "brainy" as Chauncey Depew would be willing to publish himself as having been so greatly benefited by a "rheumatism ring" if such had not seemed to him to have been the truth?

Is it reasonable to think that men like Messrs. Blankenburg, Betz, Cable, Doble and Forepaugh, with their experiences varying from "sometime ago" to "fifteen years," would all unite in stating that which was

not so?

And does it not seem a little presumptuous to intimate that such men as these are to be classed by "the moralist of a hundred or two years hence" as willing worshipers of the lie in medicine?

Some two years ago I was attacked with rheumatism in my back and legs, rendering me almost helpless and seriously interfering with my supervision of a building operation I was then commencing. After suffering for three or four weeks, during which time I had been dosed with the consecutive reliances of

1894 scientific medication, from colchicum to salicylate of soda, I was sustained by the hope expressed that it would "run its course" in two or three weeks more. Just at this juncture I was fortunate enough to excite the gratitude of a patient (a very intelligent lady (?), who had experienced, as she thought, the benefits of a rheumatism ring. She kindly presented me with one, which I politely placed upon my finger. In twenty-four hours I was better. In forty-eight hours I could walk with comfort. In four days my rheuma-tism had "run its course;" and since that time I have been more comfortable, muscularly, than I had been for twenty years before.

As I skipped through the main hall of our college building, and told my experience to Professor Laplace, he asked me, most earnestly, "How can you have faith in such non-

sense?

What reason had I for faith in the colchicum-salicylate of soda non-sense?" Why should I have waited the two or three weeks for the "run its course" nonsense? And why is that which seems to relieve any more "nonsense" than that which positively does not? These are the questions to which it behooves the scientific, ever-changing, utterly unstable practice of medicine to give a satisfactory answer.

It is not sufficient for it to say of the things so severely criticised that they are foolish, or that they are nonsensical, much less that they are "frauds," for there is no argument in such assertions.

Not only must some explanation be given which will show why these "empirical notions" do not make the cures they are said to make; but it must also be shown that certain medicines will cure the things they do not cure, and thus are entitled to be called wise, sensible and scientific.

The day is passing when the taking of temperature, the noting of the pulse and the occasional giving of a teaspoonful of beef tea will be accepted as "scientific" treatment for pneumonia; while the bacteriological aseptics, on the part of those, and for those, who "between times" travel in cars, eat of hospital or restaurant cuisine, dress in ready-made clothes and live the life of ordinary individuals, is already beginning to be viewed as your "Wayside" contributor views "vita-pathy" and "rheumatism rings."

Why have not the friends of those who die from pneumonia at the hands of our "most skillful physicians," or the recipients of positive benefit from so-called "lies" in place of decided failure at the hands of so-called "truth," the tangible right to regard the 1896 practice of medicine as a very badly-worked-up fabric, and the equal right to tell of what they have experienced from so-called "irregular" and "empirical" scurces without incurring the possibility of being commented upon in

the pages of a scientific medical journal as imbeciles of a grade only to be viewed unfavorably, even in contrast with the rest of their fellowmen, who, in turn, are grouped as "the common herd!"

-J. Foster Flagg, D. D. S.

(We might ask the doctor why it is that colchicum and the salicylates are given in rheumatism? Is it not because they are the most positive medications known? That is to say, they actually help, or cure the greatest number of rheumatic cases. As to his rheumatic ring; can the Doctor explain what force there is that causes beneficial results? Is it more than hypnotic suggestion, or a like Will it cure more cases than fad? the salicylates? Would he be satisfied with it in acute articular rheumatism with a temperature of 103 degrees? It is well known that a silk shirt is a preventive for recurrent attacks of rheumatism, yet we would not like to class it with the doctor's ring. We appreciate the underlying principle of the doctor's letter, and must admit that there is too much routine in practical medicine, but we are not quite willing to give ourselves over to blind confidence in semi-scientific therapeutic measures. —Ed.)

WAYSIDE NOTES

By Ernest B. Sangree, M. D., Philadelphia.

The Bible refers tenderly to the one who "was a stranger, and ye took Me in;" but so far as my reading goes, makes no allusion to the staid inhabitant who is now and then incontinently "taken in" by the peripatetic stranger. The other evening a physically reliable looking youngish man called at my office, and, gently sliding from his pocket a pasteboard box unloaded it, set up the apparatus, at the same time accompanying these movements with an easy conversational style of explanation. It was a new method of urine examination for sugar. A

certain amount of blue liquid was put in a test tube; one drop after another of urine was allowed to mingle with the liquid under certain precautions, and if the test substance became clear by the time the tenth drop was added sugar was present, and an accompanying table showed what percentage. "Beautiful," thought I. "When now I wish to estimate the sugar I must needs go to the groceryman for a cake of yeast, mix it with the urine, coax the mixture into the bent tube of my saccharimeter and wait 24 hours for it to ferment. Here it is all

done in 10 minutes or less." I handed him a certain consideration, for which he agreed to leave one of the

boxes with me.

The next day the opportunity occurred. Upon examining a specimen with the usual bismuth test the presence of sugar was shown. Then I tried the picric acid test; again sugar. "Now," I thought, "sugar is evidently here, but I do not know how much. I'll just easily estimate the percentage by means of the neat little apparatus that the man from New York left with me." One minim I put in; two, three, four; it was still blue. From four on up to

ten I continued carefully dropping, boiling and examining. But at the end of the tenth drop there was still a decided cerulean tint. As the accompanying pamphlet says that if ter minims do not clear the solution no sugar is present, and as I happened to know that sugar was present, I merely repacked my new toy, sadly retired it to an inconspicuous position in the back of a deep case and invested two pennies in a little cake of yeast at the earliest oppor-tunity. If the gentleman from New York will call again he may have mine back for half-price and no questions asked.

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WHAT IS SAID OF THE NEW PLAN?"

Editor "Times and Register."— The question has been asked me, "What approval or criticism has been expressed by the medical profession relative to your suggested plan of medical and biological

science?"

In reply to the foregoing inquiry I will state that the medical mind has been made more or less familiar with the alleged different codes of operative fundamental principles, as represented in several medical journals and other publications; thus it may be of interest-even to those readers who have not cared to ask questions-to learn what kind of a reception such doctrinal plan has received. And while I have no fault to find with the criticisms expressed in the sharp thrusts and sallies of wit at my expense, directed to the "alleged would-be scientific knight in his tilt against the theories and established facts of biologic science:"

As a whole, however, the pen of the critics has been less severe than would be reasonable to anticipate under the circumstances. The following statement represents the situation of the more candid and reflective mind. "It is my belief that you are on the right track, but just how such doctrines can be made to become practical—how they can be made useful, in guiding the treat-

ment of disease I fail to comprehend. Yet, while I think there is some scientific merit in the theories you present, I do not consider myself competent to defend them, much less have I the ability to become a pioneer for their advancement. Theory' is in such poor repute in association with medical practice that I fear you will not be able to enlist the attention of the medical profession to any great extent during this generation."

It is doubtless true that many practitioners fail to see the utility of an idea independent of a previous historic record of experiment. But medical science occupies a higher position with phenomena than a record of its appearance; and there is a scientific knowledge to be acquired not to be derived from experi-

mental proceedings.

There is something of great scientific value in a correct theory, and there is much to learn from such source; while there is no more to fear from an intelligent critic in this new departure than from the intelligent critic who makes examination of the modern interpretation of astronomical science as compared with the ancient. Theory is merely a department of thought exercise which attempts to explain facts; a function that may sooner or later be accredited with respectability. The

inquiring mind is fast learning that bedside experience and practical facts fail to meet the total requirements of scientific progress. There is a higher function for intelligence than recording facts; there is something to be reasoned out—some special exercise for the mind of exceeding value, implied in the comprehension of law and method, of oper-

ative proceedings.

The present accepted operative principles of medical science are purely imaginary; consequently, very much of the presumed wisdom contributed in a clinical report of medicinal appliance has as little scientific value as would a clinical report based on the experiment frequently tried by the American Indians of the Northwest, who resorted to the practice of making a great noise to drive away the monster that was presumed to be devouring the moon in the event of an eclipse. This practice was always attended with success, while the Indian failed to recognize that the operative principle had no connecting sequence with the methods employed.

Scientific problems are as much theoretical mind problems as fact problems, and the phenomena that presents health and disease requires explanation—which in other words is another name for theory. That may represent Nature's modus operandi of operative proceedings. Astronomical theory is in excellent repute, because it explains facts correctly; while medical theories are disreputable, simply because, thus far, they have failed to contribute

reliable information.

In the meantime, however, while the medical profession largely ignore new theories, they are persistent in perpetuating the most absurd and dangerous theories that ever got mixed up with practical science, viz., the doctrines of "active cause of disease" and "active medical principles." From a different source there is contributed the following: "I don't see anything to the subject whatever, except affording a pastime for the indulgence of visionary fancies, of no interest or advantage to the practical medical mind."

"practical What is called the mind," in most instances, is the experimental mind, that takes little or no interest in the nature of the operative proceedings which develop the facts, so well illustrated in the experiments made by the Indians of the Northwest. The key to the situation of medical science problems is found in the fact as to what is and what is not the plan and function of voluntary and involuntary vital force agency in the affairs of the universe; or, in other words, what constitutes the Divine method in the exercise of that special agency of human life function. When the functional distinctions of the four alleged special active vital properties are recognized there will be no occasion for the use of the language. "active cause of disease" and "active medical principles." And the ideas which have long been associated in connection with such phraseology will cease to inspire expectancy of fulfillment. An entirely different phraseology and idea will come into use, in explanation of facts presented in accordance with the operative and co-operative methods, of distinct ultimate human life activities. Nature will be then recognized as authority, with little or no confidence in that human testimony as given interpretation by the ancient mind and perpetuated to this generation, which has sought to explain the modus operandi of nature in the field or biologic science—a department of alleged science that will soon cease to be thus taught in the schools of medicine and disease.

There is to be a revolution in medical teachings, although such event may be postponed for a period, as was the astronomical revolution; but human authority cannot always prevent a recognition of nature's life forces as presented by the human organism in health and disease.

Thus the doctrines and associate ideas of "active cause of disease" and "active medical principles" are as sure to pass into ignominious history as did the ancient doctrines of astronomical science.

The modern mind is fast accepting that with the study of a natural science the function of that special force or operative agency which executes the phenomena of that particular department necessarily becomes a subject for research and investigation; not only to learn its method of action without man's intervention, but how it may be harnessed and utilized in the most ad-Therefore, manner. vantageous when the mind accepts the fact that the vital force agency is the only operative agency that presents the conditions called health and disease, and also that executes the operations resulting from medicinal relations, it will cease to be an odious and visionary speculation to engage in the study of the vital force function.

Now, while it has ever been true that the vital force function is the only operative agency in medical science, please consider, even for a moment, what is said of this department of nature's forces by one of the acknowledged leaders in educa-

tion.

Says Henry Mandsley, M. D., F. R. G. P.: "It is easy to perceive how impossible it is in the present state of science to come to any positive conclusion in regard to the nature of vital force; this generation and generations to come will have passed to their everlasting rest before a discovery of the secret of vital activity is made."

Permit me to state that such discovery has already been made, and it is a department as easy of comprehension as arithmetic. The only obstacle in the way of a complete and verified comprehension exists in the previous acceptance emanating from dignified authority, which declares it disreputable to a weil-balanced intellect to engage in such visionary and profitless speculation.

It should be kept in mind, however, that it is not possible to make much progress in medical science until the student of medicine and disease is possessed of sufficient courage to engage in original research relative to the modus operandi of the function of vital force.

So far as I know there is no literature on this subject except what

has been contributed by myself. which is not arranged suitably for textbooks, but presented in disconnected form to illustrate the instability of existing theoretical medical science, and the possibility of making successful raids through the entire field of unprotected medical doctrines of acceptance. The present theoretical medical doctrines are as crude, unscientific, and as far removed from fact as was the ancient doctrine of a flat earth, and the Ptolemaic plan of astronomy; having no better support than what is contributed from the strength of a long period of common consent, based on the personal assurance of each generation coming down from remote Whenever the scholastic ages. mind recognizes the importance of such knowledge it will then be required that this department be presented in text-book form, in as precise elementary method as is provided for the study of mathematics. There is no branch of natural science which requires more exactness, in special application of correctly-defined terms, and fixed associate ideas of practical relation to represent the situation than the department of medical science, whose phraseology now admits of such flexibility as to mean most everything desired, and even nothing when emergencies arise. In fact the lexicons to which we refer are seriously misleading.

It is not lack of ability that occasions this department to remain in obscurity, but neglect to recognize the practical utility of special operative life principles in aid of recovery

from disease.

Says Dr. Brown-Sequard: "Physicians—unfortunately I speak of myself as well as others—are biased. This bias prevents progress. They have received an education which has given them certain notions, and those notions prevent a free examination of certain questions."

Thus with this department, executed by the special functions of different life principles, there may be as much hesitation with investigation as prevailed with the depart-

ment of modern astronomical research; even as great reluctance to surrender the old doctrines and develop expectancies of a more scientific interpretation. But the great practical problem still remains to be determined: Do the people—does the medical profession-of this generation wish to engage in the study of vital force functions? Is it desired that this subject be considered during this generation? Or, shall the profession continue to abide by the expressed judgment of accepted leaders, who state that the medical mind of this age is too diminutive, and not equal to the occasion; and hence must be content for the present, at least, with those doctrines which have long been satisfactory and beautiful to contemplate, about which there is a recorded confession of total ignorance.

Should the foregoing language seem unjust in its application to the situation of medical science doctrines, "the gentle critics who turns down the last page," as well others, are invited to come to the rescue, and show cause distinct from historic record of satisfaction why the doctrinal infliction thrust upon this generation in the name of medical science should continue to be perpetuated.

It will be apparent to every thoughtful mind when that unmistakable event is recognized, that the voluntary human organism is set into activity in response to the will; while the involuntary, which presents the conditions called health and disease, is set into activity in response to sensations both normal and abnormal, together with the fact that sensations are produced by material contacts with the nerves. Consequently no occasion can exist for accrediting the cause of disease and material medicine with "active principles."

Such representation is but the expression of an idea evolved in the dark ages, before the star of science had arisen; for neither the cause of disease nor material medicine can be said to act, but such presence causes special sensations, in response to which the vital force agency acts, presenting all that phenomena executed by an "active principle." The present medical mind, like the ancient astronomical, will be required to surrender many ideas, so long satisfactory, and make original research for a development of thought more in harmony with the plan and methods of nature.

Such a revolution must certainly take place before this department of erudition can be truly said to be teaching the correct nature of disease and medical science.

-W. R. DUNHAM, M.D., Keene, N.H.



COCA AND ITS THERAPEUTIC APPLICATION. By Angelo Mariani, with illustrations. lished by J. N. Jaros, 52 West Fifteenth street, New York.

This little volume, containing much valuable information regarding erythroxylon coca, is divided into five parts:

 The botanical character of coca; its culture and mode of gathering.

2. Its history, properties and uses.

3. Physiological researches regarding coca, and a special chapter on cocaine.

4. Its therapeutic application.

5. General conclusions and explanations regarding the Mariani preparations.

It would pay our readers to obtain a copy of this instructive little volume.

THE INTERNATIONAL MEDICAL ANNUAL, 1896: A work of reference for medical practitioners. E. B. Treat, 5 Cooper Union, New York Pab. Price, \$2.75.

This is the fourteenth yearly issue of the Annual, and in the main is a very complete work. There are many excellent features which will commend it to most medical men; notably that of a complete resume of the new Roentgen cathode ray discovery to date, admirably illustrated.

The antitoxine treatment of diphtheria is handled very fairly, both sides of the question being pre-

sented.

We see no mention of the lymphatic stasis theory of pulmonary phthisis as prerequisite to the favorable lodgment of the tubercle bacillus, which was brought out the early part of 1895.

We note on page 614 that Dr. de

la Granja has appropriated under his own name a description of an operation for total hysterectomy by a new method, which rightly belongs to Dr. A. H. Tuttle, of Cambridge. It is a pity that so important and unique an operation should have been republished with its most important steps left out. There is no mention of the screw stem or cup with the T-shaped slots, which is so important in the operation, as elaborated by its originator in the "Annals of Gynecology and Pediatry;" while, as to credit, the author has been exceedingly generous to his own hospital and ignores Dr. Tuttle, to whom he should be indebted for the copy of most of the text.

But the "Annual" will be an excellent reference to the major advances of the past year in medicine, and its cheap price and elegant typography will enhance its value to the gen-

eral practitioner.



FORCING PLANTS BY ELEC-

TRICITY.

Ithaca, N. Y., April 3.—The professors in the Department of Horticulture at Cornell have just concluded important experiments in developing plants by electric light. Professor Bailey said:

"We are highly gratified with the result. We have proved that by using electric light during the daytime we can produce lilies fully two weeks before those that are grown under natural conditions. The effect is fully as marked in the case of lettuce, but we found that electricity is a positive detriment to peas.

"We will still continue our investigation on different plants, and will ascertain the effects on vegetation of the Roentgen rays. We shall also experiment on plants by electrifying the atmosphere in which they are grown."

ELECTRICITY AND THE PRO-CESSES OF LIFE.

The relation between electricity and those hidden processes of cell activity whose outward manifestations we recognize as the signs of life has always been a matter of the greatest interest, says the London Hospital. Unfortunately, its investigation has also been a matter of the greatest difficulty. Experiments which have been made, however, upon freely floating organisms are very suggestive. According to Dr. Augustus Waller, * if a galvanic current be passed through a bath containing parmecia in sufficient abundance, a curious sight is observed. When contact is made the whole crowd of parmecia fall into order with their noses toward the cathode, and begin to swim toward it in converging curves; while if the current be reversed the crowd breaks up, all its units turn round and begin to swim away, as if of one mind, from the new anode to the new cathode; clearly these creatures are more "comfortable," if one may use the term, when swimming with the electric current than the reverse way. This, however, is not a general law for all micro-organisms, for some tend to swim against the current, and others again to place themselves at right angles to it. In a galvanic bath containing a mixture of ciliated and flagellated protozoa while no current is passing these creatures swim about in all directions in a perfectly indifferent manner, but directly contact is made they divide themselves into two distinct armies, so to speak, which assemble on the two banks; "ciliata to the cathode, flagellata to the anode, seems to have been their mot d'ordre," and on reversing the current they immediately change places.

In regard to more complex freefloating organisms the same is found to be true. Much as cats are more comfortable when stroked the right way than the wrong, and, in fact, will often get up and move away when stroked from tail to head, so it would seem that tadpoles dislike being "stroked" the wrong way by electricity. An experiment is described by Dr. Waller. In a lantern bath were a number of fresh tadpoles, moving more or less leisurely and jostling each other in all directions. On sending through it a current of electricity, he says, "the commotion is amazing; the tadpole community seems to have gone mad; a writhing mass is all that can be distinguished; but the disturbance does not take long to subside, and now all the tadpoles are fixed as if at attention, heads to anode, viz., traversed by a current from head to stroked down the right way."

It can also be shown that if the current is turned on very cautiously to a degree short of making the tadpoles face about, those which happen to be lying in such a direction that it passes through them from head to tail lie perfectly still, while those which lie the other way wag their tails; clearly the whole organism reacts differently according as the current goes in one direction or the other. If two tadpoles happen to be lying in the bath in opposite directions, b- cautiously reversing the current the tadpoles may made alternately one or the other to wag their tails. Of course, in such complex creatures as tadpoles this reaction is not due to the effect of electricity upon individual cells, but depends on the presence of the spinal cord, as may be shown by experiment, for a piece of a tail long enough to contain a bit of spinal cord will tremble when the current is turned on, while a shorter piece is not affected.

These experiments are then sufficient to suggest that to be bathed in galvanic current may be by no means so immaterial to the proper functionization of the body as some people have imagined. If freely moving organisms are so affected as to swing round in response to the current, it is hard to believe that those embedded cells which cannot swing are any the less affected, and

^{*}Science Progress, October, 1895.

it is open to us to believe that they will perform their functions all the less perfectly from their inability to conform to their new surroundings. In relation to this, it is not without interest to bear in mind the assertions continually made by many people as to the distressing effect upon them of what is termed thundery weather, when the relation between the atmospheric and the earth potential is reversed, and when, therefore, the direction of the current discharging through our bodies is normal.



MYRRH IN THE TREATMENT OF DIPHTHERIA.

Miloslawski (Medicinskoe Obosreniji, 1895, No. 15; Deutsche Medizinal Zeitung, January 27, 1896; New York Med. Jour.), reports extraordinarily favorable results from the treatment of diphtheria with myrrh. From December, 1894, to February 15, 1895, in a village of the Government Saratow, he says, forty-two cases of diphtheria were treated with the tincture of myrrh; twelve of them were severe, twenty were of medium severity, and ten were light. The patients' ages ranged from one to twenty-three years, but the majority were between ten and 15 years old. Three died; one of them was a year old, and two of them were three years old. All patients were under the physician's direct observation. The treatment was carried out in the following manner: The preparation given internally consisted of:

> Tincture of myrrh.... 4 parts Glycerine 8 parts Distilled water 200 parts

A teaspoonful of this mixture was given every hour to children under 2 years old, a dessertspoonful every hour to children from 3 to 10 years old, and a tablespoonful every two hours to adults. In the case of children with whom the procedure was practicable, the pharynx was painted with tincture of myrrh four or five times, in addition; in that of adults

gargling with the ticture was employed. Under this treatment the diphtheritic membrane began to be detached as early as on the second or third day, the temperature fell, and the general condition speedily improved. The average duration of the treatment was from six to eight days.

As regards the theory of the action of myrrh in diphtheria, it is assumed by some that it destroys the toxines and ptomaines which form in the affected parts and thence gain entrance to the blood, but the author calls to mind a statement of Binz's to the effect that 70 drops of tincture of myrrh would increase the number of white blood corpuscles fourfold, and so fortify the organism in its contest with the poison.

—Med. Review.

HYDROZONE IN PURULENT OTITIS MEDIA.

A Report of a Case Supposed to Involve Inflammation of the Mastoid.

-By WILLIAM CLARENCE BOT-ELER, M. D., of Kansas City, Mo.

On November 4, 1895, I was consulted at my office by Robert P——, aged 24 years; occupation, laborer in the Armour Packing Company. The patient complained that for about four weeks he had been suffering from intense pain in his left ear, making it impossible for him to sleep

at night, or rest during the day. The pain was so severe that at times he apparently lost consciousness, and it seemed to extend through his entire brain. Upon inspection man's face was found terribly deformed; an edematous swelling the size of one-half of an ordinary loaf of baker's bread occupied the usual location of the ear and the surrounding muscles. The auricle of the ear was almost buried in edematous tissue; upon palpation the part was found intensely tender, and deep pressure evoked expressions of excruciating pain. The integument and subcutaneous tissue were thoroughly infiltrated. Inchorous, fetid pus was slowly exuding from an almost imperceptible meatus. The patient expressed feelings of chilliness, showing a possible septic contamination of his system. Every indication and sign pointed to possible suppuration of the mastoid cellstenderness upon pressure over the mastoid being very marked. Efforts to localize the tenderness, whether in external meatus or mastoid, for discriminating diagnosis were unsatisfactory. I concluded to withhold a positive diagnosis as whether the condition was purulent otitis media or suppurative inflammation of the mastoid, and used tentative treatment for a short while. I immediately placed the patient under heroic doses of elixir of the six iodides internally. After laborious effort I succeeded in separating the edematous tissue sufficient to admit the introduction of a small Eustachcatheter into the external meatus. Through this, with a small hard rubber syringe, I injected four times daily about one-half an ounce of hydrozone, allowing it later to drain away, advising hot fomentations. The patient was confined to his bed and the best possible hygienic surroundings provided. In twenty-four hours after the treatment was commenced the intensity of the odor, amount and character of the discharge had manifestly lessened, the swelling was reducing and the patient feeling better. The edema being lessened, the aperture was enlarged. I now recommended the injection of hydrozone through a catheter of larger calibre, every hour, requiring the head to be kept turned to the opposite side for ten minutes to allow the percolation of the hydrozone as deeply as possible into the middle ear before reversing the position to allow drainage. We tinued this treatment for a week, the man's recovery progressing with remarkable rapidity, his pain and the constitutional supptoms having disappeared about the third day. the end of eight days the swelling had entirely disappeared, his features were again normal, and he expressed himself as perfectly well. An examination showed a circular perforation in the ear drum the size of a shot, proving that the case had been one of purulent otitis media, with septic contamination of the patient's system, and infiltration of the surrounding cutaneous tissues. Small incisions were made at two different. places to permit the exit of pus from the integument. The mastoid was found not involved. The rapidity with which the disease yielded after the introduction of hydozone through the catheter into the middle ear impressed me with the wonderful value of the preparation; for, struggling with such cases during a practice of seventeen years, I have never seen its efficiency equaled by any medicinal or operative procedures. -Medical Bulletin.

TUBERCULOSIS IN MAN AND ANIMALS.

At the Intercolonial Medical Congress, which met at Dunedin, Australia, last month, an interesting discussion was started by Professor Watson, of Adelaide, on "Tuberculosis in Man and Animals." He did not attempt to push his investigation of the subject to finality, but merely suggested certain lines of inquiry upon which he thought that the profession should work in order to combat what Lord Playfair has called "the only disease now above the horizon of our knowledge which seems to threaten the very existence

of our race." Professor Watson, in fact, pointed out that, apart from drink, hydatids and syphillis, the most formidable agency in the rapid extermination of the aboriginal races of Australia has been tuberculosis. Dr. O'Hara, of Melbourne, bitterly complained of the almost incredible carelessness shown by people who ought to know better in allowing the transmission of those strumous taints which so often lead to and develop into consumption, and he instanced a case in which a pastoralist had given him five hundred guineas for a ram, and thereby so greatly improved his flock that he was enabled to dower his daughter and marry her to a husband having such a taint. He asked significantly how people could expect the eradication of hereditary predispositions to disease when they took far more care in breeding their sheep than their children? On the general question of the spread of tuberculosis, Dr. Springthorpe remarked, as we did a few days ago, that recent discoveries give more hope of preventing the disease than of finding a specific remedy for it.

PROFESSOR KITASATO'S WORK IN TOKIO.

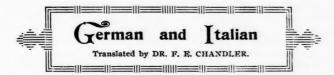
Dr. A. Nakagawa sends us the following interesting communication: "Serum Treatment of Diphtheria.-Dr. Kitasato has just published a detailed report of 353 cases treated at the institute with the serum prepared under his supervision. For those who have no access to the original a few brief extracts may be of some inter-Mortality: Professor Kitasato collected from reliable sources 26,521 cases of diphtheria in Japan previously to serum-therapy, with 14,996 deaths (56 per cent.); while of 353 cases treated here from November 13, 1894, to November 25, 1895, there were only 31 deaths (8.78 per cent.). There is reason to believe that the mortality can still be lowered if the treatment could be commenced early in the course of the disease. Thus in 110 cases in which injections were made within 48 hours after the invasion all ended in recovery. On the other hand, of 33 cases treated after the eighth day of the disease 11 were lost. Some of the patients were brought into the institute in a moribund condition, and 6 children died within five hours after admission, 6 more within ten hours; altogether 21 cases (two-thirds of the total mortality) were lost within the first 24 hours.

-Lancet.

COLOR-BLINDNESS.

A Frenchman, Mons. Dubois, has made an interesting suggestion as to the origin of color-blindness. This defect of vision almost invariably consists in inability to recognize red. Now, a body cooling down from incandescence (remarks Knowledge) extends its spectrum towards the red end, or in other words, the white hot or violet-colored body becomes yellow and finally a dull red as it cools. A few stars such as Sirius are white hot, many others, like our sun, are cooler and therefore yellow, whilst others are so cooled down as to shine with a dull red light. Primitive man according to Mors. Dubois, lived when the sun was in either the Sirius or the pre-Sirius stage, that is, when the sun, which is the source of all color, white hot, and had no red component in its spectrum; he had therefore no power of recognizing red. Color-blindness, therefore, says Mons. Dubois, is merely travism or degeneration to the primitive type. The objection to this ingenious theory is that we have no reason whatever for supposing that primitive man was contemporary with a white hot sun; further, all white hot suns that we know of have some red at any rate in their spectrum. The intensity of particular components of the spectrum may vary, but the components are still there.

-Indian Lancet.



SOME DOUBTFUL POINTS IN THE THERAPY OF DIPH-THERIA.

Professor N. Filatoff, of Moscow, says that the first point has reference to "the importance of local remedies in the treatment of diphtheria."

Some authorities reject utterly the idea of painting the tonsils, and advise the treatment with injections of serum in every case of diphtheria; others recommend the use of disinfecting but non-irritating local applications; the third class not only insists upon the energetic local application of caustics, but even admit the forcible detachment of the false membranes.

Our author treats diphtheria by injections of serum and local applications of a 1-1000 solution of corrosive sublimate; these measures facilitate the disappearance of the bacilli from the tonsils. He considers Loeffler's treatment (toluol, etc.) too irritating, and unequivocally condemns the forcible detachment of the false membranes.

As to the second question, "on the value of serotherapy," the author is unreservedly favorable, and finds that the efficacy of this treatment manifests itself especially in villages, and in unfavorable conditions generally.

Author decides by comparison the third question, "on the importance of prophylactic injection." He draws a parallel between the morbific disposition of children dwelling in a house where there is diphtheria, and where some of them have been treated by prophylactic injections and others not. From the statistics it would seem that 50 per cent. of children who are not treated catch the disease, while only 10 per cent. of the others have it.

The fourth question was upon "the deadly effects of serum in provoking albuminuria." Author considers this as undecided. He admits, however, that this effect may be caused by some peculiar individuality of the horse from which the serum was taken, or else that there was a special disposition of the child. This may even cause death. Luckily, these cases are only rare exceptions.

—Russian Archives of Pathology, etc.

ON THE EXTRACTION OF PLUGS OF CERUMEN FROM THE AUDITORY CANAL

In the Presse Medicale, Dr. Laurens says: "First of all, the use of any instrument, such as forceps or stylets must be absolutely forbidden. A physician, unfamiliar with otological technique, would, in endeavoring to remove the plug with these instruments, be liable to wound the canal and cause an eruption of furuncles even when using sterilized instruments, and might rupture the tympanum and cause severe accidents, hemorrhages, deafness and vertigo.

We should confine ourselves to the use of first, a syringe with a capacity of 100 grammes that should be easily sterilizable, and fitted with three rings for convenience in handling. The ''n should be quite small, regularly cylindrical or slightly conical, but not ovoid.

Finally, it would be prudent to place about 1 cm. of soft rubber tubing upon the end of the nozzle, so as to avoid wounding the canal.

We should use boiled water at 37 degrees C. for charging the syringe, and then carefully get rid of all air bubbles in the same.

How to inject! Have the patient seated, the shoulder covered with a napkin, so as to protect his garments. The patient should hold the basin below his affected ear and tip his head to the same side. Whichever be the side to be irrigated the syringe should be manipulated with the left hand. The right hand should direct the beak of the syringe, not perpendicularly, towards the centre of the plug, but along the upper part of the canal, so that the water may pass to the side of plug, to the drum, and wash out the canal by the return force of the water. The first drops should be injected with the utmost care, and the patient must be instructed to tell of the slightest sensation of pain or dizziness. If there be no bad effects we should gradually increase the force of the injection, taking care not to cause vertigo, which is serious, even if merely transitory.

Nevertheless, if our injection has caused it, we should ask our patient to close his eyes so as not to see

things moving around him.

If he is violent, give him a little ether to inhale and put him on his back by an open window, etc.

If no accident happens, we should

use five or six syringes full.

What should be done in those cases where the plug does not budge? Should the force of the injections be increased? No! that may be dangerous, and for three reasons: First, this mechanical irritation may wound the canal; second, the inflammation thus produced may extend to the internal ear and cause serious trouble; third, the plug of wax may be adherent to the drum, and any violent detachment of it may cause a hemorrhage of the membrane.

We must soften the plug. The physician will order the following:

The patient should warm ten drops of this mixture in a teaspoon and pour them into the ear, repeating this three times a day. When using the drops lie down on the well side for about ten minutes, and then keep a plug of absorbent cotton in the canal during the intervals.

One should never forget to warn

the patient that the wax may swell under this treatment and cause deafness, roaring in the ears or vertigo, but all these symptoms will disappear upon removal of the impacted cerumen.

After 48 hours fresh injections should be tried.

If the plug does not move continue treatment for two days longer. Finally, first, the plug washed out entire or freed, but caught in the meatus. In this case we may extract it with forceps; second, only detritus is washed out. In this case the injections should be continued until the water comes out clear.

After extraction the ear should be carefully dried out with absorbent

cotton.

The after treatment consists in placing a bit of absorbent cotton in the outer portion of the external auditory meatus. The cotton should

never touch the tympanum.

The reasons for the use of the cotton plug are: First, the air, especially in winter, touching the now unprotected drum, may set up an external otitis; second, the noises striking the uncovered tympanum may cause pain. As long as this auditory hyperesthesia lasts the patient should keep cotton in his ear.

—Independence Medicale.

ABLATION BY LAPAROTOMY OF A HUMAN ENDOCYMOID MONSTER.

Professor Maydl, of the Bohemian University of Prague, opened the abdominal cavity of a young man 19 years of age, student at the School of Technology, of Brunn.

This young man had had an internal tumor from his infancy.

The professor found between the spinal column and the intestines the undeveloped form of an acephaloid foetus, whose extremities were perfectly visible and covered with fat and thick hair.

Professor Maydl considers this tumor to have been a twin child, who, for some unknown reason, developed in the lower portion of its brother. The young man operated upon is out of danger.

—Progres Medicale.

FROM ITALIAN SOURCES.

We can find but little of interest in the Italian journals. The Rivista Clinica mentions a case of malarial fever in a young woman upon whom a total splenectomy had been performed.

Dr. B. Silva, of Pavia, has an article upon the etiology of malaria.

After having outlined the symptoms and varieties of the disease the author gives the causes.

The true cause is the presence of a particular protozoon, discovered by

Laveran.

This parasite lives upon and penetrates into the red blood globules and the interior of the tissues, causing the febrile phenomena, anemia and all other symptoms met with in malaria. The Italians have studied this question particularly, and the researches of Golgi deserve especial mention.

Another formulates the discoveries as follows:

The parasites of malaria accomplish their cycle of evolution in a well determined period; this period corresponds to the time elapsed between two censecutive febrile attacks.

The apparition of these attacks always coincides with the phase of segmentation or sporulation of a

parasitic generation.

Author then shows how, by means of the microscope, we may follow the successive developments of the amebae after each access of fever.

-Gazzetta Medica Lombarda.

HYSTERIC SIMULATION.

Doctor Mikuliez recently communicated to the Breslau Medical Society an interesting case of hysteric simulation in a woman of 51 years. After a slight trauma, in 1891, she was seized with pain and vomiting of blood, and later with fecal vomiting. These ceased, but reappeared during the summer of 1892 in a more violent manner. The attending physician diagnosed a stricture high up in the rectum, and applied gradual dilatation with bougies. After transient

improvement, fecal vomiting again set in, and a trial explorative laparotomy was done, but nothing abnormal was found. Later there developed an abscess in the vicinity of the sacrum, followed by a free interval of several months. In 1893 vomiting again appeared, when a preternatural anus was formed, and, though it functionated well, the vomiting did not cease. Later, during the same year, she visited another physician, who amputated her right breast. The vomiting then ceased. She came to Mikuliez to be freed from her intestinal fistula, to which the anus preternaturalis had dwindled. This was operated on, the intestine loosened from the abdominal wall, and the gut sutured. Healing took place uneventfully, but all of a sudden she was taken with violent abdominal pains and fecal vomiting, and demanded that another artificial anus be made. In the meantime there was a great discrepancy between the vomiting and the necessary meteorism and peristalsis, while the good condition of her general nutrition contrasted with her frequent vomiting seizures-often twenty a day. In her vomit were found scybalae, such as would be formed in the large intestine, though the fecal vomiting of obstruction is generally liquid. The physician, therefore, was no longer in doubt that she was hysterical, and had her carefully watched, but without result. As she was being presented at a clinical lecture, she vomited up some fecal lumps covered with mucus. A stomach-tube was immediately introduced, and the gastric contents found to consist of innocent, sour-smelling and half-digested food, without the slightest trace of a feculent odor, while that which she had just thrown up had a pronounced odor of feces and a neutral reaction. The patient had undoubtedly extracted the feces from the rectum, and secretly put them into her mouth. In this manner she had succeeded in deceiving physicians for years, and led them to do one capital operation after another. -Hospitals Tidende.



A LETTER FROM THE SECRETARY OF THE TWELFTH INTERNATIONAL MEDICAL CONGRESS.

Professor P. I. Drakonow, secretary of of the coming International Medical Congress, sent to the Wratch for publication the following explan-

atory letter:

To avoid all misinterpretations of article 21, of the regulations of the Twelfth International Congress, acknowledging the French as the official language and admitting other European tongues, German and Russian, for delivering addresses, communications and discussions, but not including the English, Italian and other European tongues, the committee of the congress esteem essential to present the following explanation. The perplexity caused by the many tongues at previous international congresses was so much felt that after the congress at Rome, the entire foreign medical press many times pointed out the necessity of having the papers and discussions at an international congress conducted in one language, the French receiving the approbation of the majority. The medical faculty of the Moscow University, who formulated and ratified the regulations of the congress, and by which the Executive Committee is compelled to guide, could not overlook the persistent request of the medical press and hence acknowledge the French as the official language of the diplomats: the language serving for the international exchange of all the European Governments. It proved, however, impracticable for the coming congress to carry out this idea to its letter; hence, for courtesy, had to admit the Russian.

The medical faculty as well as the Executive Committee of the congress also recognized, as a feeling of delicacy to the foreign visitors, that Russian physicians should refrain as much as possible from utilizing their mother tongue, which is known by a very few of the foreigners. With these conditions there arose a new difficulty. Many of the Russian physicians having studied in the German universities, and from German text books, know better the German language than the French; hence the admission of the French only would, under the above conditions, prove a great inconvenience to our Russian friends. The medical faculty, owing to this, did not deem proper to deprive the members of the congress the privilege of expressing in the French or German, as desired. We do not deny that by admitting, by force of circumstances, two other languages we deviated from the principal of one language. In the future, however, we should aim to accomplish the principle in its entire.

In assigning sections (7 regulations), in general, the medical faculty kept close to the divisions of the congresses at Berlin and Rome. With slight alterations, called forth by local conditions, the main sections of the coming congress correspond to the main sections of the former congresses. More material changes were introduced in a few sections, where it was recognized more expedient to unite specialties in one general department, e. g., in the former congresses otology, laryngiology and dental diseases constituted separate section. In the coming congress the Executive Committee, though fully recognizing the inde-perdence of the named specialties, still deemed more convenient to unite them to a certain extent with the section "surgery," to express their connection to clinical medicine in general and the unmistakable relation with surgery in particular. It is certainly understood that this union need not in the least hinder

the independent work of the representatives of the enumerated specialties at the congress. This will aid in admitting surgeons to actively participate in the proceedings of topics close to their callings. Specialists need not deem this as a reduction, but as a justifiable aim to obviate the unavoidable consequences of a too minute subdivision of the congress.

We repeat, that neither the medical faculty nor the Executive Committee, upon the deliberation and distribution of sections, were far from creating difficulties in the achievements in the line of specialties; having only more forcibly in mind the linking connections. We were assured, that such a step will not fail to aid the entire congress.

Note.—I have somewhat condensed the original letter, owing to its frequent recapitulation, which would undoubtedly prove of no interest to

our readers.



RADICAL PARALYSIS CONSEC-UTIVE TO A FRACTURE OF THE HUMERUS.

M. Tixier, on behalf of Jaboulay, presents a case of paralysis and great pain in forearm, after a humeral fracture. The tissues now over seat of fracture, were freely divided, when it was found that the main nervetrunks had been caught up and imprisoned in the callus.

These were liberated; when all the symptoms disappeared. As the wound healed and the scar proved further trouble of the same kind arose. In fact, three successive operations were necessary before a definite cure resulted.

NEPHRECTOMY FOR TUBERCU-LOUS KIDNEY.

M. Rafeir presented a case of patient treated surgically for tuberculous kidney. She had suppurating adenitis when an infant. Her trouble began two months after confinement. She had pain in her right side, with purulent and painful micturiton. There was no hematuria. The lumbar incision and puncture of kidney's capsule, gave issue to an abundance of pus. Same author presented another case of same order. The patient, five years before,

had "white swelling" in left kneejoint. The kidney was riddled with cavernous spaces.

-Gaz. Heb., 27 Feb., '96.

THE TREATMENT OF GANGREN-OUS HERNIA.

M. Koerts has operated on four cases of gangrenous hernia. These may be divided into two categories; one in which there is perforation, and another in which mortification is present, but the intestine is intact. In the first group he had seen 28 cases, with 19 deaths and 9 recoveries; in the second, 12 cases, with only one death. All of these patients were over 40 years. There were 32 of the crural type, seven inguinal and one umbilical. The area strangled was small; it was on the small intestine in two, and twice the appendix, which were opened.

The period of strangulation was variable. In eight, 24 hours; in one, 19 hours. Of these, only one survived.

In all these cases Koerte had either made a resection of the intestine or an artificial anus. In 13, at time of operation, intense peritonitis, prevailed. All these died. When there was free perforation with stercoral leakage; beside marked tympanitis, an artificial anus was made, as it oc-

cupied less time. In two Koerte pared the edges of the perforation and employed suture. Both died.

In desperate cases an artificial anus was to be preferred. In 28 so

treated there were 14 deaths.

In all these cases an artificial anus affords immediate relief to the great distress, though in those surviving a large stercoral vent remains. all doubtful cases Koerte carefully examined the intestine and returned it enveloped in iodoform gauze; of seven so treated, but one sucsumbed. In six cases the gangrenous line was turned in, and out used over; all recovering. M. Bergman always preferred resection when there was perforation.

M. Koerte replied that, in all cases of perforation, the constitutional condition was such as prohibits such a

tedious undertaking.

M. Koenig had often seen the suture, employed as described, produce stenosis of the bowel. Linder had seen the same thing.

Gazette Hebdomedaire, De Med., et De Chir., 5 Mars, '96.

PYELONEPHRITIS.

M. Routier presented three patients who had very serious histories.

One was a glazier, 37 years old. He often had to carry heavy burdens on his back. One day he was suddenly seized by very violent pains in his left side, and had to give up work. On examination a large tumor was detected in the left hypochondrium, which moved sinchronously with the cardiac pulsations. From the ensemble of symptoms, tubercular kidney was made out. On incision the vast mass was brought into the wound and a litre of pus evacuated. The patient recovered with a urinary fistula. Six months later the fistula showing no tendency to close, the kidney was removed, when complete union followed.

In the second case, a woman. She came to the city for treatment of albuminuria. Tuberculous kidney was diagnosed. On incision an enormous quantity of pus was opened on. Nothing but a thin shell of renal tissue remained. This was dissected, the

patient making a most excellent re-

-Gaz. Heb. Med. St. De Chir., 19 Mars, '96.

TREATMENT OF HYDROCELE OF THE TUNICA-VAGINALIS BY IRRITATING INJECTIONS AND DRAINAGE.

E. Nicaise advises for treatment of hydrocele, after thorough cleansing, the draining off of serum; then, injection of 3 or 4 c. c. of 1-100 solution of cocaine, to remain for from four to five minutes. Then, pour tincture of iodine in, injected and well blended with the remaining serum for four minutes. The part is now kept open by a drain for some days, in the meantime proper dressings are applied. After it has drained four or five days a simple suspensory bandage is employed. This treatment he advises for simple uncomplicated cases.

Bruns, because of the violent inflammatory reaction which often follows iodine injection, prefers carbolic acid, which is painless and does not compel the patient to take the bed. It is true that the first injection will not always effect cure. After evacuation, 4 grammes of pure carbolic acid is rendered liquid by 5 or 10 parts of water or glycerine. After injection the scrotum is well massaged, when a drain is introduced of ample length, not to allow escaping fluid to cauterize the scro-

Revue De Ther. Med. et De Chir., 15 Jan., '96.

(NOTE BY TRANSLATOR.)

Those methods and others currently adopted for the treatment of nydrocele should be relegated into past history. They are not only slovenly in application, intensely painful, dangerous, through resorption of the injected irritants, and uncertain in results.

It is true they are better than the old-timers simple tapping, just as the tram-car was an improvement on walking, but nowhere, when tested side the modern trolley or swiftly moving cable carriage. Their day is past, and so with tapping, injections and irritants; they have no place in the modern therapy of hydrocele, which can be quickly, safely and radically cured, in appropriate cases by incision and resection.-T. H. M.

CONTAGION \mathbf{OF} CANCER AMONG PHYSICIANS.

M. Guermonprez, of Lille, has observed that the ichorous discharges of cancer may inoculate the afflicted in other exposed parts. It may also infect the surgeon.

He reports two cases. One, a confrere with an epitheloma of the temple. The second, was Guermon-

prez himself.

After a slight trauma he removed a cancerous tongue; when soon after, he had developed under his nail a rebellious papilloma, which he bestroyed by free cauterization.

TREATMENT OF BUCCAL EPITH-ELIOMA BY CHLORATE OF POTASH.

M. Dumontpallier presented three patients who had suffered from tumors of the gums and tongue. These he believed were cancroid. By the local and internal use of the chlorate of potash all had disappeared.

M. Rechus said that in imitation of his masters, Broca and Fereal, he had tried this treatment for a long time, with good results in cutaneous cancroids; but when a mucous membrane was involved, it was another matter, as his results were not satisfactory.
—Gaz. Heb. Jendi., 12 Mars, '96.

THE TREATMENT OF GENITAL PROLAPSE.

Lamand publishes five cases in M. Folet's service. He employs generally Chaput's plan; which is to first drag down and amputate the cervix high up; then resect the walls of the vagina, closing all the open vessels by tortion; after which the vulvar outlet is closed, as in aperineoraphy.

M. Colle reports the extraction of an ovarian cyst as large as an infant's head, by way of the vagina. The body of the uterus was cut in two, as in the Quenu Muller method. Enucleation was simple and rapid.

Recovery was prompt.

M. Michels, of London, reports a case of prevasical abscess. It was opened by a large incision and evidently had extensively burrowed. He points out some of the difficulties attendant on diagnosis in this form of suppuration.

Revue De Ther. Med Chir., 1 Fev.,

A NEW FORM OF ANTISEPTIC. TREATMENT OF WOUNDS.

BY DR. C. L. SCHLEICH, BERLIN

If gelatine dissolved in water is exposed to Formalin vapors, a chemical compound possessing completely novel properties is formed. The gelatine completely loses its gelatinous character and becomes an extremely indifferent and resistant hard transparent body. Neither dry nor moist heat can dissolve it, neither organic nor mineral acids, alkalies or alkali, or acid salts affect it. When heated, the mass becomes slightly extensible, but regains its stiff elastic nature on cooling. The Formalin which is not mixed with, but chemically combined in the compound, also becomes inactive, so that hyphomycetes have sometimes been observed on the surface of gelatine plates hardened with Formalin, and when broken into fine powder and mixed with bacteria, the compound exerts no kolyseptic influence.

It was the object of my investigations to ascertain whether it is possible for the Formalin gelatine to give up its Formalin in the organism and so to effect an antisepsis by means of the tissues elaborating their own antiseptic from this nonantiseptic and non-toxic substance.

As a trial the incorporation of Formalin-gelatine in the abdominal cavity of a rabbit was attempted. A piece of dry Formalin-gelatine about the size of an apple was inserted and sewn up with aseptic precautions. The rabbit lived and remained perfectly well the subsequent six and a half weeks. When I then reopened the abdomen I found immediately under the old opening in a coil of intestine a radiating horny connective tissue about half the size of the piece of Formalin-gelatine inserted, but to my great astonishment no sign of the Formalin-gelatine itself. Section of the newly formed connective tissue explained the situation at once. In the centre of the neo-plastic tissue was a soft whitish nucleus about the size of a hazel-nut, which apparently constituted the remainder of the absorbed material. This was most astounding, that the peritoneum, leucocytes and body juices should have dissolved in so brief a period a substance which exhibits such great resistance to solvents outside the body. Still more surprising was the fact that the implantation carried out without special precautions in the body of a rabbit, which is specially disposed to lymphomatous eruptions, developed no sign of cheesy degeneration around the smooth cicatrix.

This experiment I have naturally repeated and also on pigeons and dogs, mixing in some cases even bacteria with the powdered Formalingelatine, after having determined absence of kolyseptic action in the powder. The powder was absorbed without reaction. Supported by this experience I began to employ powdered Formalin-gelatine for the treatment of wounds and found that it answered all expectations. The human system also decomposes Formalin-gelatine with continuous liberation of the antiseptic. Even contact of the tissues with this preparation is sufficient to cause liberation from the absorbed gelatine in statu nascendi, molecule by molecule, a slow continuous evolution of Formalin, which effects an extremely practical wound sterilization. Here an antiseptic is used continually, as it is formed, in the molecular condition. The application is a permanent one and equally active in the wound at all times. Hence the difference in the principle of this method from all previous antiseptic measures. In the latter a temporary, and for a time, ver—energetic contact action of the antiseptic may take place, but in consequence of the formation of almost insoluble compounds between antiseptic and tissues subsequent action

is prevented.

If the experimental proof of the constant action of Formalin-gelatine is doubted, the pre-eminent clinical utility of this material for healing wounds must be recognized. With the aid of this powder all acute purulent processes are overcome and a guarantee is afforded for the aseptic course of the wound without further measures. I have employed it without drawback in 120 cases of acute purulent processes, in 93 aseptic wounds, in 4 compound fractures, and in 2 deep scalp wounds.

At the same time I would mention that instead of the strict aseptic measures usually adopted, even in the most complicated wounds, only mechanical purification was carried out and the powder carefully dusted over all the wound, with the effect that in all cases the purulent processes were stayed within 24 hours, the compound fractures healed aseptic and without fever, and in all cases of aseptic operations the presence of the powder afforded a guarantee for uninterrupted healing.

In presence of fresh blood and in clean wounds the powder forms in a few hours an absolutely dry and very firm scab. In fresh purulent cases, if no necrosis of the tissues is present, the formation of pus ceases completely within 24 hours and frequently pure serum instead of pus flows from the wound. Such wounds always remain soft and unreddened round the edges. Furuncles, carbuncles and phlegmona can brought under control in 24 hours so far as the powder comes into contact with healthy or inflammed tissues; at the same time it is characteristic that the blood in the bandage remains bright red, which proves the liberation of Formalin, which alone possesses this property of keeping the red blood corpuscles.

Production of pus, if no necrotic residues are present, is stayed at once and the healing process shortened. If necrotic tissue is present, as in old ulcera cruris and in tuberculous and luetic infections, the Formalin-gelatine remains inactive but develops its properties all the more in acute inflammation and is a prophylactic to infection. Fresh wounds I no longer disinfect, but leave their healing to the activity of the tissues. The healing of wounds is so satisfactory that the most critical eye can detect no fault therein.

Experimental investigation of the new vulnerary by my friend A. Gottstein showed that hydrochloric acid pepsine solutions are in like manner able to decompose Formalin-gelatine outside of the organism. This discovery extended the application of Formalin-gelatine to the treatment of wounds where the automatic development of the antiseptic failed, namely where necrotic tissue and masses of dried secretion prevented the gelatine coming into contact with the healthy tissue.

In such old wounds the powder should be scattered over the wound as usual, and then moistened with.

The ferment effects the decomposition of the molecule and constant development of Formalin vapors, otherwise brought about by the healthy or inflamed tissues, but which the paralyzed or necrobiotic-cells are unable to do.

To summarize briefly, we possess in powder form a remedy, which in contact with clean wounds forms a firm scab without other disinfectant measures, in the course of a few hours, so that primary stitched wounds are in the shortest possible time covered with a protective layer which prevents infection. The Formalin-gelatine is further able, by the molecular antisepsis set up by cellular activity, to destroy bacteria present in the tissues, and enables the cellular tissues to rapidly become masters of the situation. The Formalin-gelatine stops acute purulent processes with great certainty, if after incision and application of the powder the production of tissue and liberation of Formalin vapors is allowed to go on undisturbed; in presence of much necrotic material the cell activity can be supplemented by digestion with pepsin-hydrochloric acid.

Formalin-gelatin, manufactured by the Chemische Fabrik auf Actien, vormals E. Schering, Berlin, Germany, is introduced to the medical profession under the name of "Glutol-Schleich."

-Thereapeutische Monatschefte, February, 1896.

FOREIGN BODIES IN THROAT.

The difficulty of removing fishbones and similar obstructions impacted at the lower end of the osophagus is well known, and various mechanical measures and appliances have been invented to deal with the difficulty. One of the most simple, however, and, as reported, one of the most effectual, is to administer to the patient a pint of milk, and forty minutes afterwards an emetic of sulphate of zinc. The fluid easily passes the obstruction, and, is of course, rapidly coagulated in the stomach into a more or less solid mass, which, on being ejected, forces the obstruction before it and so effects its removal.

-N. Y. Med. Times.

But, how about those cases in which swallowing is difficult or impossible? The better way to proceed in many of those cases, is to first thoroughly cocainize the pharynx and then make a cautious inspection. When the body passes below the sternal-notch the danger of strangling is past.

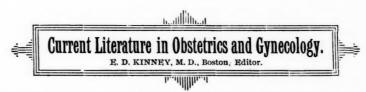
When the body impacted is large, as false teeth, etc., gastrotomy combined with cervical oesophagotomy enables us to explore and clear the

entire gullet .- Ed.

FOOTBALL CASUALTIES.

On February 8, at Ewell, Surrey, in a match between the Ewell and Guy's Hospital teams, a player of the latter side fractured his leg-and was removed to Guy's Hospital. On the same day, during a match on the Caldcot ground, Abingdon, the Abingdon Rovers against the Cloth-

ing Factory team, a player sustained a fracture of the right leg; in a game between the Sunningdale and Eton Temperance teams the captain of the latter team fractured his fibula; and in the course of a match on the same day, the Birkenhead Wanderers against the St. Helens Recreation teams, a well-known three-quarter back of the Birkenhead Wanderers received a kick on the head. He continued playing till the end of the match, but the following day he was found to be suffering from concussion of the brain. Pneumonia supervened, to which he succumbed on February 15. On February 15 in a match, the Chichester Reserves against the Littlehampton team, a youth sustained a compound fracture of the left leg, and in a game on February 17, at the Stevning Grammar School, a youth fractured his left forearm. On February 20, in a match on the Richmond (Surrey) Athletic Ground between the Yorkshire and Surrey Clubs, a player fractured his clavicle. On February 22, during a match between the Grantham Olympic and Grantham Victoria teams a player fractured his right leg near the ankle; and on the same day in a match at Pudsey between the Pudsey and Elland teams the Pudsey full back was injured. On medical examination subsequently it was found that the muscles of the leg were very severely bruised. -Lancet.



A SIGN OF BREECH PRESENTA-TION.

In La Clinique Internal Pinard asserts that when, in a woman who has passed the sixth month of pregnancy, a sharp pain is produced by placing the hand on the fundus uteri, it may be almost affirmed that there is a breech presentation. The fact is very frequent, although not constant, being present in about 70 per cent. of cases. The pain is sometimes spontaneous, and if version is performed it disappears. Pinard claims that the pain is due to the "irregular distention produced by the rounded mass of the head," but he does not explain how an irregular distention can be produced by a rounded mass.

-Indian Lancet.

THE OPERATING TABLE.

Joseph Price has no operating room or table, a board laid upon two stands placed at the bedside and covered with a sterilized sheet constituting his equipment; yet his results in abdominal surgery have been phenomenal. And Carl Beck asserts that any surgical operation can be performed in the patient's room as well as in a hospital, so complete are modern methods of asepsis.

-Medical Age.

THE INDICATIONS AND MODES OF DRAINAGE AFTER ABDOMINAL AND VAGINAL SECTION.

By Nicholas Senn, M. D., Chicago. So many names of distinguished gynecologists appear on the programme to participate in this discussion that I have deemed it wise to curtail my remarks as much as possible, and, instead of going over the enormous literature on the subject, I will give you the simple rules in reference to drainage which I follow in performing abdominal operations.

Drainage of the abdominal cavity

is an expression of the present imperfect state of surgery. It is often an unavoidable evil. It should be limited to appropriate cases, and it is, therefore, well that the indications for it should be laid down clearly, so that we may have eventually some definite rules that will guide the surgeon in his abdominal work. There are now no fixed rules. Some surgeons avoid drainage wherever possible; others drain as a rule. If I were permitted to pass my judgment on this question as a whole, I would say that the surgeon who has the ambition to operate quickly, to make an impression on the bystanders, should drain frequently; while, on the other hand, the surgeon who proceeds with his work carefully, step by step, with plans well laid out, with his practical knowledge resting on a firm pathological basis, will only drain in exceptional cases. After opening the abdomen the surgeon has frequently to deal with affections that absolutely call for drain-There is no other course to pursue. He meets with pathological conditions that cannot be successfully removed; he meets with cavities the walls of which it is impossible to extirpate, and consequently he proceeds to establish an abdominal fistula, a great consolation to the operator, because it enables him to do something, so that probably during the course of time Nature will come to his rescue, taking advantage of the temporary drainage, and eventually closing the cavity where drainage was established. One of these conditions is met with in a distended or diseased gall bladder. It is my firm conviction that the best success obtained in cases of disease of the gall bladder requiring opening of the organ, in the absence of a permanent occlusion of the common duct, is the establishment of an external fistula. This operation shows the greatest success, is attended by the least danger-in fact, it is almost devoid of danger if the surgeon is careful to prevent infection of the peritoneal cavity during the operation.

The next condition—one that is

not so frequently met with (but there are now some forty or sixty cases on record)—is cyst of the pancreas. A few bold surgeons have made the attempt and in a few isolated cases have succeeded in extirpating pancreatic cysts with a mortality of more than 50 per cent. Statistics show that the formation of a fistula usually results in a permanent cure in the course of a few weeks, and that a permanent fistula is the ex-

ception.

Very often the surgeon makes a mistake in diagnosis, opens the abdomen for a supposed ovarian cyst or an ovarian tumor of some kind, and is astonished, when he has exposed the abdominal organs, to find a retroperitoneal cyst, a hydronephrotic kidney. Many surgeons under such circumstances have resorted to the formation of an abdominal fistula, thus draining the distended pelvis of the kidney—a very unwise procedure, because a lumbar fistula will accomplish the same object, the formation of which is attended by less danger, and eventually, if it should become necessary, a nephrectomy is attended by a great deal of difficulty if previously the organ has been attached to the abdominal wall. So that I should lay down the rule that in hydronephrosis, whether diagnosticated before or during the operation, the surgeon should make a lumbar nephrotomy.

Then comes that large class of pelvic abscesses without removable walls; abscesses which have had their origin in the pelvic removable walls; abscesses which have their origin in the pelvic connective tissue, perimetritic abscesses, scesses originating within the Fallopian tubes, and abscesses within or around the ovary, but in which the careful surgeon will make the most scrutinizing examination before he attempts the work of enucleation. If he finds enucleation impossible it would have been vastly better if he had dealt in a more conservative manner with his patient, and had resorted to abdominal drainage as

taught us by Mr. Tait.

-Am. Gyn. and Obstet. Jour., March,



BRIEF NOTES ON NEW AND RARE REMEDIES.

From the American Druggist.

IODOPHENINE. (Iodophenacetine.) Fine crystals resembling potassium permanganate, of feeble iodine-like odor, burning taste and colors the skin yellow. Incompatible with water, antiseptic, irritant.

IRON ALBUMINATE. Scales, soluble in water; neutral, easily assimilated form of iron. (Anemia, chlorosis, etc.) Dose 3 to 6 grs. 3 times daily.

Solution. Reddish brown liquid of agreeable taste, generally of 10 per cent. strength.

Solution (the original). Drees. A perfectly neutral preparation, not duplicated by extemporaneous mixtures.

IRON OXALATE.—Yellowish powder, soluble in hydrochloric acid. Ferruginous tonic in anemia. Dose, 9 grs. daily.

IRON SUCCINATE.— Amorphous reddish-brown insoluble powder. Anti-lithic. (Biliary calculi). Dose, one teaspoonful after each meal.

IZAL.—Resembling creolin, etc., contains varying proportions of cresols, hydrocarbons, water and glue, as an emulsifying agent.

KERATIN.—Peptonized. White powder (hygroscopic, and therefore usually occurs commerically as brown mass), soluble in alkalis. As coating for pills intended to act only in the intestines, not in the stomach.

KOLA.—Nut of the Sterculia acuminata. Powerful nervous and muscular tonic. The fresh fruit and its preparations said to be much the more powerful. Dose, 10 to 30 grains, three times daily in wine, fluid extract or decoction.

KOUSSEIN.—Resinoid from Brayera. Yellowish brown powder,

readily soluble in A., E. alkalis; slightly so in W. Anthelmintic. Dose, 25 to 50 grs. divided into four doses.

KRESAPOL.—Solution of crude cresols in soap, resembling lysol, etc. Antiseptic.

KRESIN.—Solution of cresylic acid in solution of sodium cresyloxylacetate. Clear, brown, liquid soluble in W. A. Antiseptic. Applied in 1-2 to 1 per cent. solution.

KRESOL.—Pure, liquefied. Pure crystals of ortho-cresol liquefied by addition of water as in carbolic acid.

LACTOL. (Beta-Naphthol-Lactate).

—Tasteless and soluble substitute for benzo-naphthol, as an intestinal antiseptic.

LACTOPHENIN. (Lactyl-Phenetidin).—Soluble substitute for phenacetin, crystalline bitter powder. Antipyretic, anti-neuralgic, analgesic, and sedative (specific in typhoid). Dose, 8 to 15 grs. 3 to 6 times daily.

LACTUCIN.—Active principle of lactucarium. White scales, soluble in 70 W., A. Sedative hypnotic.

LANTANINE.—Alkaloid from Lantana brasiliensis. (Yerba Sagrada.)—White, bitter powder. Antipyretic and antiperiodic, similar to quinine. Dose, 15 to 30 grs. a day, in pills, immediately after a febrile attack.

LEPTANDRIN. — Glucoside from Leptandra Hepatic, stimulant, purgative. Dose, stimulant, 1 to 3 grs.; purgative, 8 grs.

LOBELINE SULPHATE. — From the leaves of the lobelia inflata. Yellowish white, rather hygroscopic powder. For bronchitis, dyspnea, and spasmodic forms of asthma. Dose, 1 to 6 grs., either internally or hypodermically.

LORETIN. (Meta-iodo-ortha-oxyquin-oline-ana-sulphonic acid.) — Pale yellow, odorless, crystalline powder, insoluble in E., C., benzine and oils, slightly soluble in W., A. Uses and dose same as iodoform, for which it is substitute. Forms emulsions with oily fluids.

LOSOPHAN. (Tri-iodo-meta-chesol.)
—Colorless, odorless crystals, insoluble in W., slowly in A., easily
in E., C., fatty oils; contains 78.4
per cent. iodine. In parasitic skin
diseases in 1 per cent. solution or

1 to 3 per cent. ointment.

LYCETOL. (Dimethyl-piperazin tartrate.)—Proposed as a substitute for piperazin. Granular, rather hygroscopic powder, readily soluble in water. Antirheumatic, diuretic (gout, etc.). Dose, same as piperazine.

LŶŜIDIN.—Similar to and competitor of piperazine, as uric acid solvent; hygroscopic, reddish-white crystals, readily soluble in water. Dose, 2 to 5 grammes per day. Not

in market.

LYSOL.—50 per cent. saponaceous solution of cresols. Brown, oily looking clear liquid, with feebly aromatic tar-like odor, miscible with water, A. E., C., and glycerine. Powerful antiseptic, only 1-8 as toxic a carbolic acid. Antiseptic, in gynecology, general surgery, etc.

MAGNESIUM PHENOLSULPHO-NATE.—White, almost odorless, bitter needles. Soluble in 2 W., 5 A. Antiseptic purgative. Dose, 15 to 30 grs. (Sozal is the alumi-

num salt.)

MALAKIN. (Salicyl-phenetidine Malacin.)—Composed of salicylic aldehyde with para-phenetidine. Salophen is a compound of the same base with salicylic acid. Small bright yellow needles, insoluble in water, sparingly in A. Slow, mild, antipyretic (fever of phthisis), analgesic (neuralgia), anodyne, free from bad after effects. Antirheumatic. Dose, 15 grains, 4 to 6 times daily.

MALLEIN.—Extract of the cultures of glander's bacillus. Useful in veterinary diagnoses like tuberculin. Fever following injections indicates presence of glanders.

MANGANESE ALBUMINATE.— Yellowish white scales, soluble in

water.

MANGANESE SACCHARATE.—
Brown powder, soluble in water.
The albuminate, peptonate and saccharate have been recommended in the same way as hemogallol.

MEDULLARY GLYCERIDE.—Glycerin extracts of bone marrow from calves' ribs. Tonic. Anemia.

MERCURY AMIDO-PROPIONATE. (Alantinate.) — White crystalline powders. Soluble in 3 water. Antisyphilitic. Dose, 1-12 to 1-4 gr. daily, either by the mouth or hypodermically.

MERCURY AND ZINC CYANIDE.

—White powder, insoluble in water. Antiseptic, non-irritant dress-

ing.

MERCURY BENSOATE.—Colorless, tasteless, and odorless crystals, sparingly soluble in cold water, more so in hot water, A. Subcutaneously in syphilis like mercuric chloride.

MERCURY GALLATE.—Dull, greenish-black powder, contains 37.17 per cent. of mercury. Antisyphilitic, without the disagreeable properties of chloride or subiodide. Dose, 11-2 to 3 grs. daily in pill form.

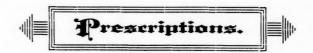
MERCURY GLUTEN-PEPTO-NATE.—See gluten-peptone subli-

mate.

MERCURY SALICYLATE.—White, odorless, tasteless, neutral powder, contains 59 per cent. of mercury. Insoluble in water, A., soluble in solution of sodium chloride. Antsyphilitic antiseptic. Applied in one per cent. powder (chancre, etc.) or in 2 to 10,000 solution (gonorrhea). Dose, 1-60 to 1-8 gr. in pill form.

MERCURY TANNATE.—Closely resembles the gallate. Antisyphilitic. Dose, 1 to 2 grs. half to one hour after meals.

(To be Continued.)



The Cutaneous Irritation of Measles, etc.—Balsam of Peru is a useful addition to many ointments, both on account of its pleasant odor, and because it is in itself a valuable nonirritating antiseptic. When added to vaseline it is much more readily mixed if a few drops of alcohol or castor oil are added. The following may be recommended to allay the cutaneous irritation of measles, chickenpox, etc:

R.	Lanolini pur	is									 .1	OZ.
	Vaselini											
	Olei ricini .											
	Aquæ desti	11.									 .5	dr.
Ft.	ungS. Ap	ply	1	as	1	re	qu	ıiı	e	d.		

Preparations of vaseline or paroleine can have a pleasant odor given to them by the addition of a few drops of oil of wintergreen.

-Practitioner.

Chronic Catarrhal Enteritis.—If constipation exists, cascara, aloin, podophyllin, or compound extract of colocynth may be used. A good combination to be recommended is the following:

R.	Strychnine sulphatis1-40 g	
	Resin. podophylli 1-12 g	
	Extr. belladonnæ 1-4 g	r.
	Pulv. ipecacuan 1-4 g	r.
M.	et ft. pil, No. 1.	
Si	: Such a pill to be taken after each	h
me	alG. N. LockwoodLondon Me	d.
Ti	nes.	
	-American Journal of Obstetric	s.

TREATMENT OF FUNCTIONAL IMPOTENCE.

In functional impotence we have usually to deal with a condition in which the sexual apparatus is being constantly excited and irritated, and consequently the reflex centre in the spinal cord is never at rest. Therefore, in treating such cases, J. Lindsay argues, one should not begin by putting the patient on aphrodisiacs (as phosphorus or damiana), but adopt a line of treatment that will soothe and tranquilize the patient,

and stay his more or less morbid desire to accomplish sexual intercourse. For this purpose he prescribes the following mixture:

Tincture hyoscyamus....20 min.

Tincture hyoscyamus....20 min.
Potassium bromide.....20 gr.
Camphor water..To make ½ fl. oz.
To be taken in water four times a

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day.

After following this plan for two weeks, or longer if necessary, and its purpose having been attained, it is then, in the case of a married man, permissible to begin tonic aphrodisiac treatment.

The following combination Dr. Lindsay considers of great value:

y considers of great value:
Strychnine sulphate....1-32 grn.
Dil. phosphoric acid....1 fl. dr.
Distilled water1 fl. dr.

For one dose, to be taken in water four times a day.

—Cincin. Med. Jour., 1895, X., p. 753.

SYRUPUS AURANTII.

An elegant and fine-flavored preparation may be made by the following formula:

R Simple syrup...7 fl. ozs... 5 fl.drs.
Concentra t e d
infusion of
orange peel......2 fl. drs.
Soluble essence of bit-

ter orange. .1 fl. drs. Mix thoroughly.

-Pharm. Journ.

BREWERS' YEAST IN DIABETES.

At the French Congress of International Medicine, Cassaet reported good results obtained in diabetes by administration of brewers' yeast in daily doses of one and one-half cunces. It is readily taken, tolerance being soon established. The weight of patients increased three to eight pounds in a fortnight; strength also increased. The proportion of sugar diminished two-thirds to three-fourths in a fortnight.



THE SANITARY MANAGEMENT OF FLOORS AND FLOOR COVERINGS.

To those who know the true inwardness of things, the sight of a housemaid brushing a dusty carpet is suggestive of many evils. death of Pasteur has reminded the world of what is constantly present in the thoughts of medical men, namely, that while micro-organisms are the great producers of disease, dust is the great carrier of microorganisms. Now that we know these things, now that we understand that in the quiet hours of night the germladen dust settles down upon the floor, it is distressing to find how little our knowledge is put to practical use, and to see old customs still unchanged, old habits which we know to be destructive carried on, and to find the housemaid on her knees, with her brush and dust-pan stirring up dust to the detriment of every one, and breathing germ-laden particles to her own destruction. It needs but a small amount of common sense to see that if carpets must continue, a thing greatly to be deprecated, they should be rubbed with a damp cloth rather than brushed. and that if, in deference to prejudice, they must be brushed, this could be done by a covered American sweeper with plenty of damp tea leaves. Of all ways of removing dirt from a carpet the worst is by the use of the ordinary short brush, which involves the housemaid's kneeling down in the midst of the dust which she so needlessly creates, and drawing it into her lungs with every breath. For ordinary household use something like linoleum, something which can be washed with a wet cloth every morning, would seem to be the best covering for floors; but if carpets must be, and if it is impossible to teach the present generation the

evils of seeking present comfort at the expense of future risks, at least let us remember that carpets may be washed even where they lie; that, till the day of washing comes, a closed sweeper is better than a brush, and that the worst form of brush is one with a short handle.

-British Medical Journal.

LATE SUPPERS.

The old tradition that to eat anything just before going to bed was sure to produce indigestion and render sleep impossible is now happily exploded. It is not good, as a matter of fact, to go to bed with the stomach so loaded that the undigested food will render one restless, but something of a light palatable nature in the stomach is one of the best aids to quietude and rest. The process of digestion goes on in sleep with as much regularity as when one is taking violent exercise to aid it, so something in the stomach is a desirable condition for the night's rest. Some physicians have declared, indeed, that a good deal of the prevalent insomnia is the result of an unconscious craving of the stomach for food in persons who have been unduly frightened by the opinion that they must not eat before going to bed, or who have, like many nervous women, been keeping themselves in a state of semi-starvation.

Nothing is more agreeable on retiring for the night than to take a bowl of hot broth, like oat-meal grued or clam soup. It is a positive aid to nervous people, and induces peaceful slumbers. This is especially the case of cold winter nights, when the stomach craves warmth as much as any other part of the body. Even a glass of hot milk is grateful to the palate on such occasions, but a light, well-cooked gruel is better, and in our climate, during the cold months

of winter, should be the retiring food of every woman who feels, as many do, the need of food at night.

—Canada Lancet.

-Canada Lancet.

REST BEFORE DINING.

If a woman courts indigestion, she can devise no surer method of getting it than by eating heartily when she is very tired. Chronic dyspepsia is almost sure to follow a long course of heavy dinners eaten when the diner is worn out with her day's work.

To prepare for dinner after a busy day, take off the street gown, take out the hairpins, and take off the shoes. Brush the hair a few minutes and pin it loosely up, but not in the same place where it is usually worn. Have ready a bowl of very hot water. Wash the face and neck in it. Press the wash cloth, as hot as it can be borne, at the back of the neck and over the eyes. When the hot water has relaxed the tense, tired muscles somewhat, dash cold water, with toilet vinegar or cologne in it, over the face and neck. Then lie down for fifteen minutes. Keep the eyes closed and the mind as far as possible a blank.

Then drink a cup of hot water or of hot, weak tea. Put on a fresh gown, and, unless the weariness has been usually severe, the blithest and most rested sensations follow, and dinner is a pleasure and not another duty in the day's dull routine.

-N. Y. World.

THE MORNING MEAL

The appetite must be coaxed a little in the morning, and a woman who has made a study of breakfasts declares the following menus will tempt even the members of the family who were out late the night before:

Ice-cold fruit, cut and seeded; Spanish omelet with creamed potatoes, graham toast and coffee, baked apples with sugar and cream, followed by chicken hash on toast; baked potatoes and coffee, wheatena with sugar and cream, eggs scrambled with bacon, sliced tomatoes and cof-

fee, oranges and bananas sliced together, broiled smelts, Boston brown bread toast, French fried potatoes and coffee, white grapes, eggs poached in cheese, broiled tomatoes, hot rolls and coffee.

-Exchange.

MASSAGE FOR HEADACHE.

In many cases massage will be found invaluable in relieving the pain of a congestive headache. The movement should be made with the palm or surface of the fingers and

be a vigorous one.

Begin on top of the head and continue the treatment backward to the base of the brain. Continue from the temples backward and downward. Much and heavy rotation at the base of the brain should follow; also crosswise rubbing on the back of the neck and stroking from the head down back of the ears to the shoulders, for the purpose of emptying the veins.

Women who have a tendency to congestive headache will do well to dash very cold water at the back of the neck and down the spine before

the morning bath.

-Ex.

"WHEN I WAS SICK."

When I was sick and lay abed, I had two pillows at my head, And all my toys beside me lay To keep me happy all the day.

And sometimes for an hour or so I watched my leaden soldiers go, With different uniforms and drills, Among the bedclothes, through the hills;

And sometimes sent my ships in fleets

All up and down among the sheets; Or brought my trees and houses out, And planted cities all about.

I was the giant great and still That sits upon the pillow-hill, And sees before him, dale and plain, The pleasant land of counterpane.

Robert Louis Stevenson.